

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.04
02/23/2010 14:40

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT
CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
PARTS I & II

INTERMEDIARY [] AUDITED
USE ONLY: [] DESK REVIEWED

DATE RECEIVED [XX] INITIAL [] RE-OPENING
INTERMEDIARY NO. [] FINAL [] MCR CODE

PART I - CERTIFICATION

CHECK XX ELECTRONICALLY FILED COST REPORT DATE: 02/23/2010
APPLICABLE BOX MANUALLY SUBMITTED COST REPORT TIME: 14:40

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. MARY MEDICAL CENTER (14-0064) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2008 AND ENDING 09/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 02/23/2010 14:40
LxgoeJzqQ0fZ21BHtNEK5TqVByO5Y0
IEm7W0z0bQML:XRXPBBV4T2BOB:jM
p3c90j3Lh209Xvde

(SIGNED)

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

Senior Vice President, CFO

TITLE

2-24-2010

DATE

PI Encryption: 02/23/2010 14:40
OQdumRRn116TvD7FfpzP0rPL7NBh0
GzIt:0dkt2jvPWlkfkdwuEV2phZrJ
f.8y7EI2460uUBrv

PART II - SETTLEMENT SUMMARY

TITLE V

TITLE XVIII

TITLE XIX

	1	PART A 2	PART B 3	4	
1 HOSPITAL		531209	1401		1
2 SUBPROVIDER I					2
3 SWING BED - SNF					3
4 SWING BED - NF					4
5 SKILLED NURSING FACILITY					5
6 NURSING FACILITY					6
7 HOME HEALTH AGENCY					7
8 OUTPATIENT REHABILITATION PROVIDER					8
9 HEALTH CLINIC					9
100 TOTAL		531209	1401		100

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

WORKSHEET S - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII PART A	TITLE XVIII PART B	TITLE XIX	
	1	2	3	4	
1	HOSPITAL	531209		1401	1
2	SUBPROVIDER I				2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	CORF				8
9	HEALTH CLINIC				9
100	TOTAL	531209		1401	100

 COMPU-MAX CMS-2552-96 EDIT REPORT

I. OPTIONS SELECTED:
 OPTION 14
 OPTION 20, 6
 OPTION 60, 5

COMPU-MAX - CMS-2552-96 - SETTLEMENT SUMMARY, VERSION 2009.08

	TITLE V	TITLE XVIII PART A	TITLE XVIII PART B	TITLE XIX	
	1	2	3	4	
1 HOSPITAL		531209	1401		1
2 SUBPROVIDER I					2
3 SWING BED - SNF					3
4 SWING BED - NF					4
5 SKILLED NURSING FACILITY					5
6 NURSING FACILITY					6
7 HOME HEALTH AGENCY					7
8 O/P REHAB PROVIDER					8
9 HEALTH CLINIC					9
100 TOTAL		531209	1401		100

 Explanation of error code types:

1000 - The '1000' level error codes (in the range from 1000-1999) are CMS-required Electronic Cost Report (ECR) edit messages. These will prohibit ECR file generation by Compu-Max for submission to your Medicare Fiscal Intermediary, and will be used by the FI as a basis of rejection should your file be received by the FI with such errors.

2000 - Errors in the range of 2000-2999 are CMS-required edits that identify potential inconsistencies and/or missing data items. These items should be resolved at the provider site and appropriate worksheets and/or data submitted with the cost report. Failure to submit the appropriate data with your cost report may result in payments being withheld pending resolution of the issue(s).

**** - KPMG error messages check for additional possible errors not included with the CMS-required edits, and cannot be used as a basis for rejection of the ECR data file or the cost report.

(*) - Error messages marked with an asterisk (*) at the end of the message indicate a logical problem with the cost report, and data must be corrected before a valid cost report can be generated.

(I) - Messages preceded by (I) are informational and are not errors.

II. 1000 LEVEL ERRORS

III. 2000 LEVEL ERRORS

2027 - WKST C, PART I, LINE 39, COL 11 SHOULD NOT BE MORE THAN 100% OR LESS THAN .1%

IV. KPMG LEVEL ERRORS

(KPMG edits cannot be used as a basis of cost report or ECR file rejection.)

**** - WORKSHEET B-1, LINE 100.10 DOES NOT HAVE ANY STATISTICS BUT THERE IS COST ON THAT LINE ON WORKSHEET A, COLUMN 7

**** - WORKSHEET B-1, LINE 100.60 DOES NOT HAVE ANY STATISTICS BUT THERE IS COST ON THAT LINE ON WORKSHEET A, COLUMN 7

V. INFORMATIONAL MESSAGES

(I) - THE TOTAL CALCULATED FOR WORKSHEET A-8-1, PART B, COLUMN 6, HAS BEEN TRANSFERRED TO WORKSHEET A-8, LINE 14. THE TOTAL FOR WORKSHEET A-8 THAT YOU INPUT HAS BEEN DECREASED BY \$555,146

(I) - THE TOTAL CALCULATED FOR WORKSHEET A-8-2, COLUMN 18, HAS BEEN TRANSFERRED TO WORKSHEET A-8, LINE 12. THE TOTAL FOR WORKSHEET A-8 THAT YOU INPUT HAS BEEN DECREASED BY \$2,317,231

(I) - A PROTESTED AMOUNT HAS BEEN ENTERED ON WORKSHEET E, PART A, LINE 30 FOR A PPS FACILITY (HOSPITAL)

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(SIGNED)

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

TITLE V		TITLE XVIII		TITLE XIX	
		PART A	PART B		
	1	2	3	4	
1	HOSPITAL	531209	1401		1
2	SUBPROVIDER I				2
3	SWING BED - SNF				3
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8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	531209	1401		100

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PERIOD FROM 10/01/2008 TO 09/30/2009

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IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2009.06
02/23/2010 14:39

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 3333 N. SEMINARY
1.01 CITY: GALESBURG

STATE: IL

P.O.BOX:
ZIP CODE: 61401

COUNTY: KNOX

1
1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V	XVII	XIX	
4				5	6		
2	HOSPITAL						
3	SUBPROVIDER I						
4	SWING BEDS - SNF						
5	SWING BEDS - NF						
6	HOSPITAL-BASED SNF						
7	HOSPITAL-BASED NF						
8	HOSPITAL-BASED OLTC						
9	HOSPITAL-BASED HHA						
11	SEPARATELY CERTIFIED ASC						
12	HOSPITAL-BASED HOSPICE						
14	HOSP-BASED RHC						
15	OUTPATIENT REHABILITATION PROVID						
16	RENAL DIALYSIS						
17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 10/01/2008	TO: 09/30/2009				
18	TYPE OF CONTROL						
19	HOSPITAL						
20	SUBPROVIDER I						
21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?						
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy) (SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.						
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.						
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.						
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.						
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).						
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?						
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW						
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.						
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.						
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?						
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?						
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.						
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.						
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2						
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)						
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)						

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO			27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)					
28.03	STAFFING	0.00	N		28.03
28.04	RECRUITMENT	0.00	N		28.04
28.05	RETENTION OF EMPLOYEES	0.00	N		28.05
28.06	TRAINING	0.00	N		28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO			29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO			30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
		V	XVIII	XIX	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

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WORKSHEET S-2
(CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO		38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	149006	40
40.01	NAME: OSF HEALTHCARE SYSTEM (CONT FI/CONTRACTOR'S NAME: WPS	FI/CONTRACTOR'S NUMBER: 52280		40.01
40.02	STREET: 800 NE GLEN OAK AVE.	P.O.BOX:		40.02
40.03	CITY: PEORIA	STATE: IL ZIP CODE: 61603		40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO		43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO		44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT?	NO		45
	SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.			
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?			45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?			45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?			45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.			46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47 HOSPITAL	N	N	N	N	N	47			
48 SUBPROVIDER I	N	N	N	N	N	48			
49 SKILLED NURSING FACILITY	N	N				49			
50 HOME HEALTH AGENCY	N	N				50			
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO		52			
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO		52.01			
53 IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				1		53			
53.01 MDH PERIOD: BEGINNING: 10/01/2008 ENDING: 09/30/2009						53.01			
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE: 271229						54			
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO		54.01			
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO		55			
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.				DATE 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEES 4	56
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				NO		57			
58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				NO		58			
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)						58.01			
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO		59			

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (05/2007)

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO					60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)						60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO					61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS		
	1	2	3	4	5		
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	YES	01/12/2010				63

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WORKSHEET S-3
PART I
(CONTINUED)

[illegible]

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2009.06
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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
	COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS, EXCL.		2311	544	4531	1
	SWING BED, OBSERV & HOSPICE DAYS					
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS -					3
	SWING BED SNF					
4	HOSPITAL ADULTS & PEDS -					4
	SWING BED NF					
5	TOTAL ADULTS & PEDS					5
	EXCL OBSERVATION BEDS					
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		2311	544	4531	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	DATA	WORKSHEET S-3 PART II
		REPORTED	OF SALARIES FROM WKST.	SALARIES (COL.1 + COL.2)	RELATED TO SALARY IN COL.3	HOURLY WAGE (COL.3 / COL.4)		
		1	A-6 2	3	4	5	6	
1	SALARIES							1
2	TOTAL SALARIES	31805231	260922	32066153	1272947.93	25.19		2
3	NON-PHYSICIAN ANESTHETIST PART A							3
4	NON-PHYSICIAN ANESTHETIST PART B	1445657		1445657	14682.00	98.46		4
4.01	PHYSICIAN - PART A	388983		388983	2517.00	154.54		4.01
5	TEACHING PHYSICIAN SALARIES							5
5.01	PHYSICIAN - PART B	2042158		2042158	13215.00	154.53		5.01
6	NON-PHYSICIAN - PART B							6
6.01	INTERNS & RESIDENTS (IN APPR PGM)							6.01
7	CONTRACT SERVICES, I&R							7
8	HOME OFFICE PERSONNEL							8
8.01	SNF							8.01
9	EXCLUDED AREA SALARIES	3681168	203788	3884956	92242.77	42.12		9
9.01	OTHER WAGES & RELATED COSTS							9.01
9.02	CONTRACT LABOR	382582		382582	10818.67	35.36		9.02
9.03	PHARMACY SERVICES UNDER CONTRACT							9.03
10	LABORATORY SERVICES UNDER CONTRACT							10
10.01	MANAGEMENT AND ADMINISTRATIVE SERVICES'							10.01
11	CONTRACT LABOR: PHYSICIAN PART A							11
11.01	TEACHING PHYSICIAN UNDER CONTRACT	2793378		2793378	45530.00	61.35		11.01
12	HOME OFFICE SALARIES & WAGE REL COSTS							12
12.01	HOME OFFICE: PHYSICIAN PART A							12.01
13	TEACHING PHYSICIAN SALARIES							13
14	WAGE-RELATED COSTS							14
15	WAGE RELATED COSTS (CORE)	7818760		7818760			CMS 339	15
16	WAGE RELATED COSTS (OTHER)						CMS 339	16
17	EXCLUDED AREAS	772166		772166			CMS 339	17
18	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	18
19	NON-PHYSICIAN ANESTHETIST PART B	209966		209966			CMS 339	19
20	PHYSICIAN PART A	44869		44869			CMS 339	20
21	PART A TEACHING PHYSICIANS						CMS 339	21
22	PHYSICIAN PART B	235564		235564			CMS 339	22
23	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	23
24	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	24
25	OVERHEAD COSTS - DIRECT SALARIES						CMS 339	25
26	EMPLOYEE BENEFITS	-104680	104680					26
27	ADMINISTRATIVE & GENERAL	3575699	182252	3757951	151217.20	24.85		27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT	738445		738445	6365.36	116.01		28
29	MAINTENANCE & REPAIRS	520505		520505	27999.44	18.59		29
30	OPERATION OF PLANT	152792		152792	5222.55	29.26		30
31	LAUNDRY & LINEN SERVICE							31
32	HOUSEKEEPING	630447		630447	64296.98	9.81		32
33	HOUSEKEEPING UNDER CONTRACT							33
34	DIETARY	632393	-486339	146054	12564.00	11.62		34
35	DIETARY UNDER CONTRACT							35
36	CAFETERIA		370668	370668	32309.00	11.47		36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION	554942	-12691	542251	17261.01	31.41		38
39	CENTRAL SERVICES AND SUPPLY	194224		194224	18270.37	10.63		39
40	PHARMACY							40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBR	731990		731990	49603.01	14.76		41
42	SOCIAL SERVICE	84878		84878	4385.55	19.35		42
43	OTHER GENERAL SERVICE							43

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	
		REPORTED	OF SALARIES FROM WKST.	SALARIES (COL.1 + COL.2)	RELATED TO SALARY IN COL.3	HOURLY WAGE (COL.3 / COL.4)	
		1	A-6 2	3	4	5	
1	NET SALARIES	29055861	260922	29316783	1251416.29	23.43	1
2	EXCLUDED AREA SALARIES	3681168	203788	3884956	92242.77	42.12	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	25374693	57134	25431827	1159173.52	21.94	3
4	SUBTOTAL OTHER WAGES & REL COSTS	3175960		3175960	56348.87	56.36	4
5	SUBTOTAL WAGE-RELATED COSTS	7863629		7863629		30.92	5
6	TOTAL (SUM OF LINES 3 THRU 5)	36414282	57134	36471416	1215522.39	30.00	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	7711635	158570	7870205	389494.47	20.21	13

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NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
14.01	RLX					14.01
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					26
27	IB2					27
28	IB1					28
29	IA2					29
30	IA1					30
31	BB2					31
32	BB1					32
33	BA2					33
34	BA1					34
35	PE2					35
36	PE1					36
37	PD2					37
38	PD1					38
39	PC2					39
40	PC1					40
41	PB2					41
42	PB1					42
43	PA2					43
44	PA1					44
45	DEFAULT RATE					45
46	TOTAL					46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	18413248 17
17.01	GROSS MEDICAID REVENUES	24223951 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	42637199 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.282360 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	24223951 28
29	TOTAL GROSS MEDICAID COST	6839875 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	18413248 30
31	UNCOMPENSATED CARE COST	5199165 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	6839875 32

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1159102	1159102	8542	1167644		1167644	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1562181	1562181	38750	1600931		1600931	4
5	0500 EMPLOYEE BENEFITS	-104680	9242809	9138129	155645	9293774	-438138	8855636	5
6	0600 ADMINISTRATIVE & GENERAL	3575699	10079079	13654778	139523	13794301	-721594	13072707	6
7	0700 MAINTENANCE & REPAIRS	520505	824415	1344920		1344920	-6000	1338920	7
8	0800 OPERATION OF PLANT	152792	1256563	1409355		1409355	-21119	1388236	8
9	0900 LAUNDRY & LINEN SERVICE		297956	297956		297956		297956	9
10	1000 HOUSEKEEPING	630447	184832	815279		815279	-35	815244	10
11	1100 DIETARY	632393	628595	1260988	-969756	291232		291232	11
12	1200 CAFETERIA				739109	739109		739109	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	554942	54472	609414	-12691	596723		596723	14
15	1500 CENTRAL SERVICES & SUPPLY	194224	235961	430185		430185		430185	15
16	1600 PHARMACY								16
17	1700 MEDICAL RECORDS & LIBRARY	731990	166041	898031		898031	-26714	871317	17
18	1800 SOCIAL SERVICE	84878	41163	126041		126041		126041	18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	5006565	503072	5509637		5509637		5509637	25
26	2600 INTENSIVE CARE UNIT	984857	180732	1165589		1165589		1165589	26
33	3300 NURSERY	250214	21604	271818		271818	-586	271232	33
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	1309753	5054434	6364187		6364187	-6530	6357657	37
38	3800 RECOVERY ROOM	944395	81518	1025913		1025913		1025913	38
39	3900 DELIVERY ROOM & LABOR ROOM	599513	58150	657663		657663		657663	39
40	4000 ANESTHESIOLOGY	1475929	248703	1724632		1724632	-1472897	251735	40
41	4100 RADIOLOGY-DIAGNOSTIC	1223465	769362	1992827		1992827	-23166	1969661	41
41.10	3230 C.T-SCAN	382057	931936	1313993		1313993	-19830	1294163	41.10
41.20	3430 M.R.I.	229747	484799	714546		714546	-9082	705464	41.20
43	4300 RADIOISOTOPE	173933	430217	604150		604150	-2136	602014	43
44	4400 LABORATORY	1033718	970053	2003771		2003771	-500	2003271	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	4700 BLOOD STORING, PROCESSING & TRA		611673	611673		611673		611673	47
49	4900 RESPIRATORY THERAPY	640046	170006	810052	-51960	758092	-10931	747161	49
49.10	3620 CARDIAC STRESS LAB	364395	149935	514330		514330	-57404	456926	49.10
49.20	3160 CARDIO PULMONARY REHAB	226635	11571	238206	-106615	131591		131591	49.20
50	5000 PHYSICAL THERAPY	673547	57272	730819	590	731409	-1650	729759	50
51	5100 OCCUPATIONAL THERAPY	224352	6474	230826		230826	-100	230726	51
52	5200 SPEECH PATHOLOGY	116687	3933	120620		120620		120620	52
53	5300 ELECTROCARDIOLOGY		2852	2852		2852		2852	53
53.10	5301 CARDIAC CATHETERIZATION	147026	461509	608535		608535	-537	607998	53.10
54	5400 ELECTROENCEPHALOGRAPHY	130868	20867	151735	51960	203695		203695	54
56	5600 DRUGS CHARGED TO PATIENTS	799954	2915156	3715110		3715110	-8029	3707081	56
	OUTPATIENT SERVICE COST CENTERS								
61	6100 EMERGENCY	4213217	555835	4769052		4769052	-2258702	2510350	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
69.10	6910 CMHC								69.10
69.20	6920 OPT								69.20
69.30	6930 CMHC								69.30
69.40	6940 OPT								69.40
71	7100 HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
95	SUBTOTALS	28124063	40434832	68558895	-6903	68551992	-5085680	63466312	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	48751	70411	119162		119162		119162	96
98	9800 PHYSICIANS' PRIVATE OFFICES	2862000	5071596	7933596	-320958	7612638		7612638	98
99	9900 NONPAID WORKERS		10061	10061	3918	13979		13979	99
100	7950 PRIVATE HOME CARE								100
100.01	7958 NON-PATIENT DIETARY				230647	230647		230647	100.01
100.10	7951 AMBULANCE SERVICE		4319	4319		4319		4319	100.10
100.30	7952 FUND DEVELOPMENT	92513	53938	146451		146451		146451	100.30
100.40	7953 DEV & PUBLIC RELATIONS	242640	554772	797412	-13319	784093		784093	100.40
100.50	7954 OCCUPATIONAL MED CLINIC	435264	27258	462522		462522		462522	100.50

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KPMG LLP COMPU-MAX MICRO SYSTEM
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7
100.60 7955 FOUNDATION		56563	56563		56563		56563 100.60
100.70 7956 SHARED SALARIES							100.70
100.80 7957 FITNESS CENTER				106615	106615		106615 100.80
101 TOTAL	31809231	46283750	78088981		78088981	-5085680	73003301 101

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RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY		CODE	INCREASE			
		1	COST CENTER	LINE #	SALARY	OTHER
			2	3	4	5
1	CONVENT DEPRECIATION RECLASS	A	NONPAID WORKERS	99		3918
2		A				
3	PHYSICIANS' PRIVATE PRACTICE	B	PHYSICIANS' PRIVATE OFFICES	98		1428
4		B	PHYSICIANS' PRIVATE OFFICES	98		3312
5		B	PHYSICIANS' PRIVATE OFFICES	98		3705
6		B	PHYSICIANS' PRIVATE OFFICES	98		6767
7		B				
8		B				
9	REHAB ADMIN LEASEHOLD RECLASS	C	PHYSICAL THERAPY	50		590
10	PROPERTY INSURANCE RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3		28262
11		D	NEW CAP REL COSTS-MVBLE EQUIP	4		38750
12	PHYSICIAN BENEFIT RECLASS	E	EMPLOYEE BENEFITS	5		336170
13	DIETARY ALLOWANCE	F	CAFETERIA	12	453644	450919
14	EKG SALARY RECLASS	G	ELECTROENCEPHALOGRAPHY	54	51960	
15	CARDIO PULMONARY REHAB	H	FITNESS CENTER	100.80	101436	5179
16	EMPLOYEE BENEFITS	I	EMPLOYEE BENEFITS	5	286750	
17	TEAM AWARD RECLASS	J	EMPLOYEE BENEFITS	5	106509	
18		J				
19		J				
20		J				
21		J				
22		J				
23		J				
24		J				
25		J				
26		J				
27		J				
28		J				
29		J				
30		J				
31		J				
32		J				
33		J				
34		J				
35		J				
36	SUBTOTAL				1000299	879000

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY		CODE	COST CENTER		DECREASE			WKST A-7
		1	6		LINE #	SALARY	OTHER	REF.
					7	8	9	10
1	CONVENT DEPRECIATION RECLASS	A	NEW CAP REL COSTS-BLDG & FIXT		3		3918	9 1
2		A						9 2
3	PHYSICIANS' PRIVATE PRACTICE	B	NEW CAP REL COSTS-BLDG & FIXT		3		1428	9 3
4		B	NEW CAP REL COSTS-BLDG & FIXT		3		3312	9 4
5		B	NEW CAP REL COSTS-BLDG & FIXT		3		3705	9 5
6		B	NEW CAP REL COSTS-BLDG & FIXT		3		6767	9 6
7		B						9 7
8		B						9 8
9	REHAB ADMIN LEASEHOLD RECLASS	C	NEW CAP REL COSTS-BLDG & FIXT		3		590	9 9
10	PROPERTY INSURANCE RECLASS	D	ADMINISTRATIVE & GENERAL		6		28262	9 10
11		D	ADMINISTRATIVE & GENERAL		6		38750	9 11
12	PHYSICIAN BENEFIT RECLASS	E	PHYSICIANS' PRIVATE OFFICES		98		336170	12
13	DIETARY ALLOWANCE	F	DIETARY		11	453644	450919	13
14	EKG SALARY RECLASS	G	RESPIRATORY THERAPY		49	51960		14
15	CARDIO PULMONARY REHAB	H	CARDIO PULMONARY REHAB		49.20	101436	5179	15
16	EMPLOYEE BENEFITS	I	EMPLOYEE BENEFITS		5		286750	16
17	TEAM AWARD RECLASS	J	ADMINISTRATIVE & GENERAL		6	80499		17
18		J						18
19		J						19
20		J						20
21		J						21
22		J	NURSING ADMINISTRATION		14	12691		22
23		J						23
24		J						24
25		J						25
26		J						26
27		J						27
28		J						28
29		J						29
30		J						30
31		J						31
32		J						32
33		J						33
34		J						34
35		J						35
36	SUBTOTAL					700230	1165750	36

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RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	J				1
2	J				2
3	J				3
4	J				4
5	J				5
6	J				6
7	J				7
8	J				8
9	J				9
10	J				10
11	J				11
12	J				12
13	J				13
14	J				14
15	J				15
16	J				16
17	J				17
18	TEAM AWARD A-8 ADJ RECLASS	K	5		1545
19		K			19
20	NON - PATIENT DIETARY REVENUE	L	100.01	115671	114976
21		L			21
22	PHONES SALARIES	O	6		24283
23	VACATION SALARY RECLASS TO LN6	P	6	287034	
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36	TOTAL RECLASSIFICATIONS			1403004	1019804

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RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER 6	DECREASE LINE # 7	SALARY 8	OTHER 9	WKST A-7 REF. 10
1	J					1
2	J					2
3	J					3
4	J					4
5	J					5
6	J					6
7	J					7
8	J					8
9	J					9
10	J					10
11	J					11
12	J					12
13	J					13
14	J					14
15	J					15
16	J	DEV & PUBLIC RELATIONS	100.40	13319		16
17	J					17
18	K	EMPLOYEE BENEFITS	5	1545		18
19	K					19
20	L	DIETARY	11	32695	32498	20
21	L	CAFETERIA	12	82976	82478	21
22	O	ADMINISTRATIVE & GENERAL	6	24283		22
23	P	EMPLOYEE BENEFITS	5	287034		23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36		TOTAL RECLASSIFICATIONS		1142082	1280726	36

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KPMG LLP COMPU-MAX MICRO SYSTEM
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ANALYSIS OF CHANGES DURING COST REPORTING
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	----- ACQUISITIONS -----			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	5	6	7
1 LAND							1
2 LAND IMPROVEMENTS							2
3 BUILDINGS AND FIXTURES							3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT							6
7 SUBTOTAL							7
8 RECONCILING ITEMS							8
9 TOTAL							9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	----- ACQUISITIONS -----			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	5	6	7
1 LAND	314848					314848	1
2 LAND IMPROVEMENTS	925068					925068	2
3 BUILDINGS AND FIXTURES	33381738	126271		126271		33508009	3
4 BUILDING IMPROVEMENTS	38298					38298	4
5 FIXED EQUIPMENT	147855					147855	5
6 MOVABLE EQUIPMENT	32579055	548079		548079	19800	33107334	6
7 SUBTOTAL	67386862	674350		674350	19800	68041412	7
8 RECONCILING ITEMS							8
9 TOTAL	67386862	674350		674350	19800	68041412	9

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PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

		----- COMPUTATION OF RATIOS -----				----- ALLOCATION OF OTHER CAPITAL -----			
DESCRIPTION		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BLDG & FIXT				.000000				
2	OLD CAP REL COSTS-MVBLE EQUIP				.000000				
3	NEW CAP REL COSTS-BLDG & FIXT				.000000				
4	NEW CAP REL COSTS-MVBLE EQUIP				.000000				
5	TOTAL				.000000				

		----- SUMMARY OF OLD AND NEW CAPITAL -----						
DESCRIPTION		DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	1167644						1167644 3
4	NEW CAP REL COSTS-MVBLE EQUIP	1600931						1600931 4
5	TOTAL	2768575						2768575 5

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

		----- SUMMARY OF OLD AND NEW CAPITAL -----						
DESCRIPTION		DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	1159102						1159102 3
4	NEW CAP REL COSTS-MVBLE EQUIP	1562181						1562181 4
5	TOTAL	2721283						2721283 5

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ADJUSTMENTS TO EXPENSES

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED					WORKSHEET A-8
DESCRIPTION		BASIS	AMOUNT	COST CENTER	LINE NO.	REF	WKST A-7
		1	2	3	4	5	
1	INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		1
2	INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		2
3	INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		3
4	INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		4
5	INVESTMENT INCOME-OTHER						5
6	TRADE, QUANTITY, AND TIME DISCOUNTS						6
7	REFUNDS AND REBATES OF EXPENSES						7
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS						8
9	TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-64993	ADMINISTRATIVE & GENERAL	6		9
10	TELEVISION AND RADIO SERVICE						10
11	PARKING LOT						11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST					
		A-8-2	-2317231				12
13	SALE OF SCRAP, WASTE, ETC.						13
14	RELATED ORGANIZATION TRANSACTIONS	WKST					
		A-8-1	-555146				14
15	LAUNDRY AND LINEN SERVICE						15
16	CAFETERIA - EMPLOYEES AND GUESTS						16
17	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						17
18	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS						18
19	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-8029	DRUGS CHARGED TO PATIENTS	56		19
20	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-26714	MEDICAL RECORDS & LIBRARY	17		20
21	NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)						21
22	VENDING MACHINES						22
23	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES						23
24	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						24
25	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49		25
		A-8-4					
26	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50		26
		A-8-4					
27	ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY	71		27
		A-8-3					
28	UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89		28
29	DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		29
30	DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		30
31	DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		31
32	DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		32
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20		33
34	PHYSICIANS' ASSISTANT						34
35	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51		35
		WKST A-8-4					
36	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST					36
		WKST A-8-4					
37							37
37.04	NEWBORN	B	-586	NURSERY	33		37.04
37.06	RADIOLOGY	B	-1137	RADIOLOGY-DIAGNOSTIC	41		37.06
37.07	OCCUPATIONAL THERAPY	B	-100	OCCUPATIONAL THERAPY	51		37.07
37.08	HOUSEKEEPING	B	-35	HOUSEKEEPING	10		37.08
37.09	PLANT MAINTENANCE	B	-6000	MAINTENANCE & REPAIRS	7		37.09
37.13	COMMUNITY HEALTH EDUCATION	B	-10807	ADMINISTRATIVE & GENERAL	6		37.13
37.14	PROPERTY TAX	A	-93019	ADMINISTRATIVE & GENERAL	6		37.14
37.15	CRNA SALARIES	A	-1472897	ANESTHESIOLOGY	40		37.15
37.17	ER & CRNA EMPLOYEE BENEFITS	A	-445530	EMPLOYEE BENEFITS	5		37.17
37.18	UNEMPLOYMENT CLAIMS	A	8937	EMPLOYEE BENEFITS	5		37.18
37.19	PHYSICIAN RECRUITMENT	A	-810	ADMINISTRATIVE & GENERAL	6		37.19
37.20	IHA, AHA CHA DUES	A	-26283	ADMINISTRATIVE & GENERAL	6		37.20
37.21	CLINICAL LABORATORY SVCS	B	-500	LABORATORY	44		37.21
37.22	PHYSICAL THERAPY	B	-750	PHYSICAL THERAPY	50		37.22
37.23	CHAPLAINCY SVCS	B	-746	ADMINISTRATIVE & GENERAL	6		37.23
37.30	TEAM ACCRUAL	A	-1545	EMPLOYEE BENEFITS	5		37.30
37.31	FINANCE CHG ON PT ACCTS	B	-35840	ADMINISTRATIVE & GENERAL	6		37.31
38							38
39							39
40							40
41	DISASTER PREPAREDNESS	B	-14601	ADMINISTRATIVE & GENERAL	6		41
42							42
43	INFECTION CONTROL	B	-612	ADMINISTRATIVE & GENERAL	6		43
44	CARDIOLOGY SVCS	B	-9806	CARDIAC STRESS LAB	49.10		44
45	REHABILITATION	B	-900	PHYSICAL THERAPY	50		45
46							46
47							47
48							48
49							49

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION		BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7	
		1	2	COST CENTER	LINE NO.	REF	
				3	4	5	
50	TOTAL		-5085680				50

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJUSTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	18	SOCIAL SERVICE	SISTER SERVICES	40368	40368	1
2	6	ADMINISTRATIVE & GENERAL	SISTER SERVICES	16206	16206	2
3	6	ADMINISTRATIVE & GENERAL	CORPORATE OFFICE CHARGES	4419870	4893753	3
4	8	OPERATION OF PLANT	CORPORATE OFFICE CHARGES	136697	157816	4
4.02	37	OPERATING ROOM	SFI PURCHASED MAINT	74743	85273	4.02
4.03	41	RADIOLOGY-DIAGNOSTIC	SFI PURCHASED MAINT	243784	263980	4.03
4.04	41.10	C.T.SCAN	SFI PURCHASED MAINT	140143	151738	4.04
4.05	41.20	M.R.I.	SFI PURCHASED MAINT	109805	118887	4.05
4.06	43	RADIOISOTOPE	SFI PURCHASED MAINT	25684	27820	4.06
4.07	53.10	CARDIAC CATHETERIZATION	SFI PURCHASED MAINT	6104	6641	4.07
4.08	41	RADIOLOGY-DIAGNOSTIC	SFI PURCHASED SERVICES	40657	42490	4.08
4.09	41.10	C.T.SCAN	SFI PURCHASED SERVICES	182735	190970	4.09
4.10	44	LABORATORY	SYSTEMS LAB	395272	395272	4.10
5		TOTALS		5836068	6391214	5

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----					
SYMBOL	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
(1)	2	3	4	5	6
1	B	OSF HEALTHCARE SYSTEMS	100.00		
2					
3					
4					
5					

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2009.04
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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO. 1	2		3	4	5	6	7	8	9
1	49.10	CARDIAC STRESS LAB	CARD	47667		47667	142500	1	69
2	49	RESPIRATORY THERAPY	RESP THERAPY	11000		11000	142500	1	69
3	61	EMERGENCY	ER	2431141	2042158	386983	142500	2517	172439
101		TOTAL		2489808	2042158	447650		2519	172577

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
PERIOD FROM 10/01/2009 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (4/96)

VERSION: 2009.09
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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-5-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUST- MENT 18
1	49.10 CARDIAC STRESS LAB	CARD				69	47598	47598
2	49 RESPIRATORY THERAPY	RESP THERAPY				69	10931	10931
3	61 EMERGENCY	ER				172439	216544	2258702
101	TOTAL					172577	275073	2317231

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDG & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	1167644	1167644							3
4 NEW CAP REL COSTS-MVBLE EQUIP	1600931		1600931						4
5 EMPLOYEE BENEFITS	8855636			8855636					5
6 ADMINISTRATIVE & GENERAL	13072707	252356	568559	1164484	15058106	15058106			6
7 MAINTENANCE & REPAIRS	1338920	148940	510	161290	1649660	428694	2078354		7
8 OPERATION OF PLANT	1388236	60423	872	47346	1496877	388590	163868	2049735	8
9 LAUNDRY & LINEN SERVICE	297956	5519			303475	78863	14969	16026	9
10 HOUSEKEEPING	815244	5168	2214	195358	1017984	264541	14015	15005	10
11 DIETARY	291232	22295	11666	45258	370451	96268	60463	64735	11
12 CAFETERIA	739109	14773		114860	868742	225758	40066	42896	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	596723	2524	92655	168028	859930	223468	6846	7330	14
15 CENTRAL SERVICES & SUPPLY	430185	15104	37909	60185	543383	141208	40964	43857	15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	871317	5540	7423	226823	1111103	288740	15025	16086	17
18 SOCIAL SERVICE	126041	1226		26301	153568	39907	3325	3560	18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	5509637	164473	4144	1551405	7229659	1878757	446053	477567	25
26 INTENSIVE CARE UNIT	1165589	13635	4042	305180	1488446	386799	36979	39592	26
33 NURSERY	271232	5364	3348	77534	357478	92897	14548	15575	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	6357657	63108	173730	405856	7000351	1819167	171149	183240	37
38 RECOVERY ROOM	1025913	19724	4458	292642	1342737	348934	53491	57270	38
39 DELIVERY ROOM & LABOR ROOM	657663	22315	13665	185772	879415	228532	60519	64795	39
40 ANESTHESIOLOGY	251735	885	73548	9380	335548	87198	2399	2568	40
41 RADIOLOGY-DIAGNOSTIC	1969661	58395	96061	379118	2503235	650511	158369	169557	41
41.10 C.T.SCAN	1294163	8985		118389	1421537	369412	24368	26089	41.10
41.20 M.R.I.	705464	5462		71192	782118	203247	14814	15861	41.20
43 RADIOISOTOPE	602014	2850		53897	658761	171191	7730	8276	43
44 LABORATORY	2003271	20541	101436	320320	2445568	635525	55708	59643	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	611673				611673	158954			47
49 RESPIRATORY THERAPY	747161	6207	20910	182231	956509	248566	16834	18024	49
49.10 CARDIAC STRESS LAB	456926	9332	19015	112916	598189	155450	25308	27095	49.10
49.20 CARDIO PULMONARY REHAB	131591	993	1115	38796	172495	44826	2693	2884	49.20
50 PHYSICAL THERAPY	729759	47931	15038	208713	1001441	260242	129989	139172	50
51 OCCUPATIONAL THERAPY	230726	13904	2626	69520	316776	82320	37709	40373	51
52 SPEECH PATHOLOGY	120620	12984	4953	36158	174715	45403	35212	37699	52
53 ELECTROCARDIOLOGY	2852	874	24193		27919	7255	2371	2538	53
53.10 CARDIAC CATHETERIZATION	607998	7061	160410	45559	821028	213359	19149	20502	53.10
54 ELECTROENCEPHALOGRAPHY	203695	4847	21066	56653	286261	74390	13145	14073	54
56 DRUGS CHARGED TO PATIENTS	3707081	8390	35860	247883	3999214	1039268	22754	24362	56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	2510350	47853	86297	672750	3317250	862047	129779	138947	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	63466312	1079981	1587723	7651797	62161602	12240687	1840611	1795197	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	119162			15107	134269	34892			96
98 PHYSICIANS' PRIVATE OFFICES	7612638	37958	619	886854	8538069	2218780	102942	110214	98
99 NONPAID WORKERS	13979	22476			36455	9473	60954	65260	99
100 PRIVATE HOME CARE									100
100.01NON-PATIENT DIETARY	230647			35843	266490	69252			100.01
100.10AMBULANCE SERVICE	4319				4319	1122			100.10
100.30FUND DEVELOPMENT	146451	750	147	28667	176015	45741	2034	2178	100.30
100.40DEV & PUBLIC RELATIONS	784093	1779		71060	856932	222689	4826	5167	100.40
100.50OCCUPATIONAL MED CLINIC	462522	15280	1867	134876	614545	159701	41441	44368	100.50

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BIDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
100.60FOUNDATION	56563				56563	14699			100.60
100.70SHARED SALARIES									100.70
100.80FITNESS CENTER	106615	9420	10575	31432	159042	41070	25546	27351	100.80
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	73003301	1167644	1600931	8855636	73003301	15059106	2078354	2049735	103

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART 1

COST CENTER DESCRIPTION		LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	
GENERAL SERVICE COST CENTERS										
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6	ADMINISTRATIVE & GENERAL									6
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT									8
9	LAUNDRY & LINEN SERVICE	413333								9
10	HOUSEKEEPING		1311545							10
11	DIETARY		42058	633975						11
12	CAFETERIA		27870		1205332					12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION		4762		22551	1124887				14
15	CENTRAL SERVICES & SUPPLY		28494		23827		821733			15
16	PHARMACY									16
17	MEDICAL RECORDS & LIBRARY		10451		64723		1662	1507790		17
18	SOCIAL SERVICE		2313		5726		139		208538	18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS										
25	ADULTS & PEDIATRICS	200383	310270	549518	318620	561059	168661	122222	179039	25
26	INTENSIVE CARE UNIT	42739	25723	67832	56391	99300	41131	23982	22103	26
33	NURSERY		10119		11886	20930	4186	4985	7396	33
ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM	38275	119050		81575	143645	313042	188858		37
38	RECOVERY ROOM	34348	37208		45401	79946	28738	39672		38
39	DELIVERY ROOM & LABOR ROOM	30339	42097		27517	48455	17285	10126		39
40	ANESTHESIOLOGY		1669		21954		35284	42221		40
41	RADIOLOGY-DIAGNOSTIC	16780	110161		77776		23066	88070		41
41.10	C.T.SCAN		16950		23555		37052	159810		41.10
41.20	M.R.I.		10305		11235		847	71765		41.20
43	RADIOISOTOPE		5377		8033		630	33142		43
44	LABORATORY		38750		71398		25189	262536		44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA							11219		47
49	RESPIRATORY THERAPY		11710		39566		8689	67683		49
49.10	CARDIAC STRESS LAB		17604		18318		3029	28008		49.10
49.20	CARDIO PULMONARY REHAB		1874		1140		119	3542		49.20
50	PHYSICAL THERAPY	13185	90420		32809		3102	29060		50
51	OCCUPATIONAL THERAPY		26230		12239		4	8358		51
52	SPEECH PATHOLOGY		24493		6567		29	3538		52
53	ELECTROCARDIOLOGY		1649				891	10910		53
53.10	CARDIAC CATHETERIZATION		13320		7517		5603	15693		53.10
54	ELECTROENCEPHALOGRAPHY		9143		7571		219	10402		54
56	DRUGS CHARGED TO PATIENTS		15828		37531		4699	170781		56
OUTPATIENT SERVICE COST CENTERS										
61	EMERGENCY	37284	90273		117939	171552	77792	101207		61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
OTHER REIMBURSABLE COST CENTERS										
69.10	CMHC									69.10
69.20	OPT									69.20
69.30	CMHC									69.30
69.40	OPT									69.40
71	HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS										
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
95	SUBTOTALS	413333	1146171	617350	1153365	1124887	801088	1507790	208538	95
NONREIMBURSABLE COST CENTERS										
96	GIFT, FLOWER, COFFEE SHOP & CAN				3799		97			96
98	PHYSICIANS' PRIVATE OFFICES		71606		2822		17441			98
99	NONPAID WORKERS		42400	16625			96			99
100	PRIVATE HOME CARE									100
100.01	NON-PATIENT DIETARY									100.01
100.10	AMBULANCE SERVICE									100.10
100.30	FUND DEVELOPMENT		1415		5482		97			100.30
100.40	DEV & PUBLIC RELATIONS		3357		7544		59			100.40
100.50	OCCUPATIONAL MED CLINIC		28826		21628		1729			100.50

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 PERIOD FROM 10/01/2008 TO 09/30/2009

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	
100.60FOUNDATION									100.60
100.70SHARED SALARIES									100.70
100.60FITNESS CENTER		17770		10692		1126			100.80
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	413333	1311545	633975	1205332	1124887	821733	1507790	206538	103

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		25	26	27	
GENERAL SERVICE COST CENTERS					
1	OLD CAP REL COSTS-BLDG & FIXT				1
2	OLD CAP REL COSTS-MVBLE EQUIP				2
3	NEW CAP REL COSTS-BLDG & FIXT				3
4	NEW CAP REL COSTS-MVBLE EQUIP				4
5	EMPLOYEE BENEFITS				5
6	ADMINISTRATIVE & GENERAL				6
7	MAINTENANCE & REPAIRS				7
8	OPERATION OF PLANT				8
9	LAUNDRY & LINEN SERVICE				9
10	HOUSEKEEPING				10
11	DIETARY				11
12	CAFETERIA				12
13	MAINTENANCE OF PERSONNEL				13
14	NURSING ADMINISTRATION				14
15	CENTRAL SERVICES & SUPPLY				15
16	PHARMACY				16
17	MEDICAL RECORDS & LIBRARY				17
18	SOCIAL SERVICE				18
20	NONPHYSICIAN ANESTHETISTS				20
21	NURSING SCHOOL				21
22	I&R SERVICES-SALARY & FRINGES A				22
23	I&R SERVICES-OTHER PRGM COSTS A				23
24	PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS					
25	ADULTS & PEDIATRICS	12441808		12441808	25
26	INTENSIVE CARE UNIT	2331017		2331017	26
33	NURSERY	540000		540000	33
ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM	10058352		10058352	37
38	RECOVERY ROOM	2067745		2067745	38
39	DELIVERY ROOM & LABOR ROOM	1409080		1409080	39
40	ANESTHESIOLOGY	528841		528841	40
41	RADIOLOGY-DIAGNOSTIC	3797525		3797525	41
41.10	C.T.SCAN	2078773		2078773	41.10
41.20	M.R.I.	1110192		1110192	41.20
43	RADIOISOTOPE	893140		893140	43
44	LABORATORY	3594317		3594317	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
47	BLOOD STORING, PROCESSING & TRA	781846		781846	47
49	RESPIRATORY THERAPY	1367581		1367581	49
49.10	CARDIAC STRESS LAB	873001		873001	49.10
49.20	CARDIO PULMONARY REHAB	229573		229573	49.20
50	PHYSICAL THERAPY	1699420		1699420	50
51	OCCUPATIONAL THERAPY	524009		524009	51
52	SPEECH PATHOLOGY	327656		327656	52
53	ELECTROCARDIOLOGY	53533		53533	53
53.10	CARDIAC CATHETERIZATION	1116171		1116171	53.10
54	ELECTROENCEPHALOGRAPHY	415204		415204	54
56	DRUGS CHARGED TO PATIENTS	5314437		5314437	56
OUTPATIENT SERVICE COST CENTERS					
61	EMERGENCY	5044070		5044070	61
62	OBSERVATION BEDS (NON-DISTINCT				62
63.50	RHC				63.50
63.60	FQHC				63.60
OTHER REIMBURSABLE COST CENTERS					
69.10	CMHC				69.10
69.20	OPT				69.20
69.30	CMHC				69.30
69.40	OPT				69.40
71	HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS					
85.01	PANCREAS ACQUISITION				85.01
85.02	INTESTINAL ACQUISITION				85.02
95	SUBTOTALS	58597291		58597291	95
NONREIMBURSABLE COST CENTERS					
96	GIFT, FLOWER, COFFEE SHOP & CAN	173057		173057	96
98	PHYSICIANS' PRIVATE OFFICES	11061874		11061874	98
99	NONPAID WORKERS	231263		231263	99
100	PRIVATE HOME CARE				100
100.01	NON-PATIENT DIETARY	335742		335742	100.01
100.10	AMBULANCE SERVICE	5441		5441	100.10
100.30	FUND DEVELOPMENT	232962		232962	100.30
100.40	DEV & PUBLIC RELATIONS	1100574		1100574	100.40
100.50	OCCUPATIONAL MED CLINIC	912238		912238	100.50

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PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/97)

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
100.60FOUNDATION	71262		71262	100.60
100.70SHARED SALARIES				100.70
100.80FITNESS CENTER	281597		281597	100.80
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	73003301		73003301	103

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDG & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL	1007393	252356	568559	1628308	1828308				6
7 MAINTENANCE & REPAIRS	13687	148940	510	163137	52050	215187			7
8 OPERATION OF PLANT		60423	872	61295	47229	16966	125490		8
9 LAUNDRY & LINEN SERVICE		5519		5519	9575	1550	981	17625	9
10 HOUSEKEEPING		5168	2214	7382	32119	1451	919		10
11 DIETARY	371	22295	11666	34332	11688	6260	3963		11
12 CAFETERIA		14773		14773	27411	4148	2626		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		2524	92655	95179	27133	709	449		14
15 CENTRAL SERVICES & SUPPLY		15104	37909	53013	17145	4241	2685		15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	10740	5540	7423	23703	35058	1556	985		17
18 SOCIAL SERVICE		1226		1226	4845	344	218		18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	14104	164473	4144	182721	228110	46184	29239	8544	25
26 INTENSIVE CARE UNIT	10879	13635	4042	28556	46963	3829	2424	1822	26
33 NURSERY		5364	3348	8712	11279	1506	954		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	57563	63108	173730	294401	220875	17720	11218	1632	37
38 RECOVERY ROOM		19724	4458	24182	42366	5538	3506	1465	38
39 DELIVERY ROOM & LABOR ROOM		22315	13665	35980	27747	6266	3967	1294	39
40 ANESTHESIOLOGY		885	73548	74433	10587	248	157		40
41 RADIOLOGY-DIAGNOSTIC		58395	96061	154456	78982	16397	10381	716	41
41.10 C.T.SCAN	187919	8985		196904	44852	2523	1597		41.10
41.20 M.R.I.	349817	5462		355279	24677	1534	971		41.20
43 RADIOISOTOPE		2850		2850	20785	800	507		43
44 LABORATORY		20541	101436	121977	77163	5768	3652		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					19300				46.30
47 BLOOD STORING, PROCESSING & TRA					30180	1743	1103		47
49 RESPIRATORY THERAPY	21574	6207	20910	48691					49
49.10 CARDIAC STRESS LAB		9332	19015	28347	18874	2620	1659		49.10
49.20 CARDIO PULMONARY REHAB		993	1115	2108	5443	279	177		49.20
50 PHYSICAL THERAPY	9902	47931	15038	72871	31597	13459	8520	562	50
51 OCCUPATIONAL THERAPY		13904	2626	16530	9995	3904	2472		51
52 SPEECH PATHOLOGY		12984	4953	17937	5513	3646	2308		52
53 ELECTROCARDIOLOGY		874	24193	25067	881	245	155		53
53.10 CARDIAC CATHETERIZATION		7061	160410	167471	25905	1983	1255		53.10
54 ELECTROENCEPHALOGRAPHY	1020	4847	21066	26933	9032	1361	862		54
56 DRUGS CHARGED TO PATIENTS		8390	35860	44250	126183	2356	1491		56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	435	47853	86297	134585	104666	13437	8507	1590	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	1685404	1079981	1587723	4353108	1486208	190571	109908	17625	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN					4236				96
98 PHYSICIANS' PRIVATE OFFICES	22270	37958	619	60847	269416	10658	6748		98
99 NONPAID WORKERS		22476		22476	1150	6311	3995		99
100 PRIVATE HOME CARE									100
100.01NON-PATIENT DIETARY					8408				100.01
100.10AMBULANCE SERVICE					136				100.10
100.30FUND DEVELOPMENT		750	147	897	5554	211	133		100.30
100.40DEV & PUBLIC RELATIONS		1779		1779	27038	500	316		100.40
100.50OCCUPATIONAL MED CLINIC		15280	1867	17147	19390	4291	2716		100.50

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9
100.60FOUNDATION					1785			100.60
100.70SHARED SALARIES								100.70
100.80FITNESS CENTER		9420	10575	19995	4987	2645	1674	100.80
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1707674	1167644	1600931	4476249	1829308	215187	125490	17625 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	
	10	11	12	14	15	17	18	25	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	41871								10
11 DIETARY	1343	57586							11
12 CAFETERIA	890		49848						12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	152		933	124555					14
15 CENTRAL SERVICES & SUPPLY	910		985		78979				15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	334		2677		160	64473			17
18 SOCIAL SERVICE	74		237		13		6957		18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	9904	49915	13174	62125	16211	5231	5973	657331	25
26 INTENSIVE CARE UNIT	821	6161	2332	10995	3953	1026	737	109619	26
33 NURSERY	323		492	2318	402	213	247	26446	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	3801		3374	15905	30089	8084		607099	37
38 RECOVERY ROOM	1188		1878	8852	2762	1698		93435	38
39 DELIVERY ROOM & LABOR ROOM	1344		1138	5365	1661	433		85195	39
40 ANESTHESIOLOGY	53		908		3391	1807		91584	40
41 RADIOLOGY-DIAGNOSTIC	3517		3217		2217	3770		273653	41
41.10 C.T.SCAN	541		974		3561	6840		257792	41.10
41.20 M.R.I.	329		465		81	3072		386408	41.20
43 RADIOISOTOPE	172		332		61	1419		26926	43
44 LABORATORY	1237		2953		2421	11173		226344	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA						480		19780	47
49 RESPIRATORY THERAPY	374		1636		835	2897		87459	49
49.10 CARDIAC STRESS LAB	562		758		291	1199		54310	49.10
49.20 CARDIO PULMONARY REHAB	60		47		11	152		8277	49.20
50 PHYSICAL THERAPY	2887		1357		298	1244		132795	50
51 OCCUPATIONAL THERAPY	837		506			358		34602	51
52 SPEECH PATHOLOGY	782		272		3	151		30612	52
53 ELECTROCARDIOLOGY	53				86	467		26954	53
53.10 CARDIAC CATHETERIZATION	425		311		539	672		198561	53.10
54 ELECTROENCEPHALOGRAPHY	292		313		21	445		39259	54
56 DRUGS CHARGED TO PATIENTS	505		1552		452	7310		184099	56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	2882		4878	18995	7477	4332		301349	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	36592	56076	47699	124555	76996	64473	6957	3959889	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			157		9			4402	96
98 PHYSICIANS' PRIVATE OFFICES	2286		117		1676			351748	98
99 NONPAID WORKERS	1354	1510			9			36805	99
100 PRIVATE HOME CARE									100
100.01NON-PATIENT DIETARY								8408	100.01
100.10AMBULANCE SERVICE								136	100.10
100.30FUND DEVELOPMENT	45		227		9			7076	100.30
100.40DEV & PUBLIC RELATIONS	107		312		6			30058	100.40
100.50OCCUPATIONAL MED CLINIC	920		894		166			45524	100.50

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25
100.60FOUNDATION								1785 100.60
100.70SHARED SALARIES								100.70
100.80FITNESS CENTER	567		442		108			30418 100.80
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	41871	57586	49848	124555	78979	64473	6957	4476249 103

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS				
1	OLD CAP REL COSTS-BLDG & FIXT			1
2	OLD CAP REL COSTS-MVBLE EQUIP			2
3	NEW CAP REL COSTS-BLDG & FIXT			3
4	NEW CAP REL COSTS-MVBLE EQUIP			4
5	EMPLOYEE BENEFITS			5
6	ADMINISTRATIVE & GENERAL			6
7	MAINTENANCE & REPAIRS			7
8	OPERATION OF PLANT			8
9	LAUNDRY & LINEN SERVICE			9
10	HOUSEKEEPING			10
11	DIETARY			11
12	CAFETERIA			12
13	MAINTENANCE OF PERSONNEL			13
14	NURSING ADMINISTRATION			14
15	CENTRAL SERVICES & SUPPLY			15
16	PHARMACY			16
17	MEDICAL RECORDS & LIBRARY			17
18	SOCIAL SERVICE			18
20	NONPHYSICIAN ANESTHETISTS			20
21	NURSING SCHOOL			21
22	I&R SERVICES-SALARY & FRINGES A			22
23	I&R SERVICES-OTHER PRGM COSTS A			23
24	PARAMED ED PRGM-(SPECIFY)			24
	INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	657331		25
26	INTENSIVE CARE UNIT	109619		26
33	NURSERY	26446		33
ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	607099		37
38	RECOVERY ROOM	93435		38
39	DELIVERY ROOM & LABOR ROOM	85195		39
40	ANESTHESIOLOGY	91584		40
41	RADIOLOGY-DIAGNOSTIC	273653		41
41.10	C.T.SCAN	257792		41.10
41.20	M.R.I.	386408		41.20
43	RADIOISOTOPE	26926		43
44	LABORATORY	226344		44
46.30	BLOOD CLOTTING FACTORS ADMIN CO			46.30
47	BLOOD STORING, PROCESSING & TRA	19780		47
49	RESPIRATORY THERAPY	87459		49
49.10	CARDIAC STRESS LAB	54310		49.10
49.20	CARDIO PULMONARY REHAB	8277		49.20
50	PHYSICAL THERAPY	132795		50
51	OCCUPATIONAL THERAPY	34602		51
52	SPEECH PATHOLOGY	30612		52
53	ELECTROCARDIOLOGY	26954		53
53.10	CARDIAC CATHETERIZATION	198561		53.10
54	ELECTROENCEPHALOGRAPHY	39259		54
56	DRUGS CHARGED TO PATIENTS	184099		56
OUTPATIENT SERVICE COST CENTERS				
61	EMERGENCY	301349		61
62	OBSERVATION BEDS (NON-DISTINCT			62
63.50	RHC			63.50
63.60	FQHC			63.60
OTHER REIMBURSABLE COST CENTERS				
69.10	CMHC			69.10
69.20	OPT			69.20
69.30	CMHC			69.30
69.40	OPT			69.40
71	HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS				
85.01	PANCREAS ACQUISITION			85.01
85.02	INTESTINAL ACQUISITION			85.02
95	SUBTOTALS	3959889		95
NONREIMBURSABLE COST CENTERS				
96	GIFT, FLOWER, COFFEE SHOP & CAN	4402		96
98	PHYSICIANS' PRIVATE OFFICES	351748		98
99	NONPAID WORKERS	36805		99
100	PRIVATE HOME CARE			100
100.01	NON-PATIENT DIETARY	8408		100.01
100.10	AMBULANCE SERVICE	136		100.10
100.30	FUND DEVELOPMENT	7076		100.30
100.40	DEV & PUBLIC RELATIONS	30058		100.40
100.50	OCCUPATIONAL MED CLINIC	45524		100.50

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
100.60FOUNDATION		1785	100.60
100.70SHARED SALARIES			100.70
100.80FITNESS CENTER		30418	100.80
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL		4476249	103

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDG & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
	3	4	5	6A	6	7	8	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	225729							3
4 NEW CAP REL COSTS-MVBLE EQUIP		1639132						4
5 EMPLOYEE BENEFITS			28578338					5
6 ADMINISTRATIVE & GENERAL	48785	582125	3757951	-15058106	57945195			6
7 MAINTENANCE & REPAIRS	26793	522	520505		1649660	148151		7
8 OPERATION OF PLANT	11681	893	152792		1496877	11681	136470	8
9 LAUNDRY & LINEN SERVICE	1067				303475	1067	1067	9
10 HOUSEKEEPING	999	2267	630447		1017984	999	999	10
11 DIETARY	4310	11944	146054		370451	4310	4310	11
12 CAFETERIA	2856		370668		868742	2856	2856	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	488	94866	542251		859930	488	488	14
15 CENTRAL SERVICES & SUPPLY	2920	38814	194224		543383	2920	2920	15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY	1071	7600	731990		1111103	1071	1071	17
18 SOCIAL SERVICE	237		84878		153568	237	237	18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	31796	4243	5006565		7229659	31796	31796	25
26 INTENSIVE CARE UNIT	2636	4138	984857		1488446	2636	2636	26
33 NURSERY	1037	3428	250214		357478	1037	1037	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	12200	177876	1309753		7000351	12200	12200	37
38 RECOVERY ROOM	3813	4564	944395		1342737	3813	3813	38
39 DELIVERY ROOM & LABOR ROOM	4314	13991	599513		879415	4314	4314	39
40 ANESTHESIOLOGY	171	75303	30272		335548	171	171	40
41 RADIOLOGY-DIAGNOSTIC	11289	98353	1223465		2503235	11289	11289	41
41.10 C.T.SCAN	1737		382057		1421537	1737	1737	41.10
41.20 M.R.I.	1056		229747		782118	1056	1056	41.20
43 RADIOISOTOPE	551		173933		658761	551	551	43
44 LABORATORY	3971	103856	1033718		2445568	3971	3971	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T					611673			47
49 RESPIRATORY THERAPY	1200	21409	588086		956509	1200	1200	49
49.10 CARDIAC STRESS LAB	1804	19469	364395		598189	1804	1804	49.10
49.20 CARDIO PULMONARY REHAB	192	1142	125199		172495	192	192	49.20
50 PHYSICAL THERAPY	9266	15397	673547		1001441	9266	9266	50
51 OCCUPATIONAL THERAPY	2688	2689	224352		316776	2688	2688	51
52 SPEECH PATHOLOGY	2510	5071	116687		174715	2510	2510	52
53 ELECTROCARDIOLOGY	169	24770			27919	169	169	53
53.10 CARDIAC CATHETERIZATION	1365	164238	147026		821028	1365	1365	53.10
54 ELECTROENCEPHALOGRAPHY	937	21569	182828		286261	937	937	54
56 DRUGS CHARGED TO PATIENTS	1622	36716	799954		3999214	1622	1622	56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	9251	88356	2171059		3317250	9251	9251	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 CMHC								69.30
69.40 OPT								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	208782	1625609	24693382	-15058106	47103496	131204	119523	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C			48751		134269			96
98 PHYSICIANS' PRIVATE OFFICES	7338	634	2862000		8538069	7338	7338	98
99 NONPAID WORKERS	4345				36455	4345	4345	99
100 PRIVATE HOME CARE								100
100.01 NON-PATIENT DIETARY			115671		266490			100.01
100.10 AMBULANCE SERVICE					4319			100.10
100.30 FUND DEVELOPMENT	145	150	92513		176015	145	145	100.30

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/97)

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON- CILIATION 6A	ADMINIS- TRATIVE & GENERAL ACCUM COST 6	MAIN- TENANCE & REPAIRS SQUARE FEET 7	OPERATION OF PLANT SQUARE FEET 8	
100.40 DEV & PUBLIC RELATIONS	344		229321		856932	344	344	100.40
100.50 OCCUPATIONAL MED CLINIC	2954	1912	435264		614545	2954	2954	100.50
100.60 FOUNDATION					56563			100.60
100.70 SHARED SALARIES								100.70
100.80 FITNESS CENTER	1821	10827	101436		158042	1821	1821	100.80
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	1167644	1600931	8855636		15058106	2078354	2049735	103
104 UNIT COST MULT-WS B PT I		.976694				14.028619		104
104 UNIT COST MULT-WS B PT I	5.172769		.309872		.259868		15.019675	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III					1828308	215187	125490	107
108 UNIT COST MULT-WS B PT III						1.452484		108
108 UNIT COST MULT-WS B PT III					.031552		.919543	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA FTE'S 12	NURSING ADMINIS- TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	MEDICAL RECORDS + LIBRARY GROSS CHARGES 17	SOCIAL SERVICE PATIENT DAYS 18
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE	550183							9
10 HOUSEKEEPING		134404						10
11 DIETARY		4310	82369					11
12 CAFETERIA		2856		44416				12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		488			831	23540		14
15 CENTRAL SERVICES & SUPPLY		2920			878		2054680	15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY		1071			2385		4156 207527202	17
18 SOCIAL SERVICE		237			211		348	18
20 NONPHYSICIAN ANESTHETISTS								19738
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	266727	31796	71396	11741	11741	421725	16821147	16946
26 INTENSIVE CARE UNIT	56890	2636	8813	2078	2078	102846	3300611	2092
33 NURSERY		1037		438	438	10468	686140	700
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	50947	12200		3006	3006	782732	25992064	37
38 RECOVERY ROOM	45720	3813		1673	1673	71857	5459995	38
39 DELIVERY ROOM & LABOR ROOM	40384	4314		1014	1014	43221	1393554	39
40 ANESTHESIOLOGY		171		809		88225	5810732	40
41 RADIOLOGY-DIAGNOSTIC	22336	11289		2866		57675	12120859	41
41.10 C.T.SCAN		1737		868		92646	21994264	41.10
41.20 M.R.I.		1056		414		2119	9876871	41.20
43 RADIOISOTOPE		551		296		1575	4561303	43
44 LABORATORY		3971		2631		62983	36145892	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T							1544061	47
49 RESPIRATORY THERAPY		1200		1458		21726	9314983	49
49.10 CARDIAC STRESS LAB		1804		675		7574	3854613	49.10
49.20 CARDIO PULMONARY REHAB		192		42		297	487428	49.20
50 PHYSICAL THERAPY	17551	9266		1209		7757	3999514	50
51 OCCUPATIONAL THERAPY		2688		451		10	1150274	51
52 SPEECH PATHOLOGY		2510		242		73	486884	52
53 ELECTROCARDIOLOGY		169				2227	1501512	53
53.10 CARDIAC CATHETERIZATION		1365		277		14011	2159853	53.10
54 ELECTROENCEPHALOGRAPHY		937		279		547	1431584	54
56 DRUGS CHARGED TO PATIENTS		1622		1383		11750	23504179	56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	49628	9251		4346	3590	194512	13928885	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OPT								69.20
69.30 CMHC								69.30
69.40 OPT								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	550183	117457	80209	42501	23540	2003060	207527202	19738
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C					140	242		96
98 PHYSICIANS' PRIVATE OFFICES		7338			104	43610		98
99 NONPAID WORKERS		4345	2160			241		99
100 PRIVATE HOME CARE								100
100.01 NON-PATIENT DIETARY								100.01
100.10 AMBULANCE SERVICE								100.10
100.30 FUND DEVELOPMENT		145		202		242		100.30

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
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KFMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (5/97)

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA FTE'S 12	NURSING ADMINIS- TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS CHARGES 17	SOCIAL SERVICE PATIENT DAYS 18
100.40 DEV & PUBLIC RELATIONS		344		278		147		100.40
100.50 OCCUPATIONAL MED CLINIC		2954		797		4322		100.50
100.60 FOUNDATION								100.60
100.70 SHARED SALARIES								100.70
100.80 FITNESS CENTER		1821		394		2816		100.80
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	413333	1311545	633975	1205332	1124887	821733	1507790	208538 103
104 UNIT COST MULT-WS B PT I	.751265		7.696767		47.786194		.007266	104
104 UNIT COST MULT-WS B PT I		9.758229		27.137338		.399932		10.565306 104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	17625	41871	57586	49848	124555	78979	64473	6957 107
108 UNIT COST MULT-WS B PT III	.032035		.699122		5.291206		.000311	108
108 UNIT COST MULT-WS B PT III		.311531		1.122298		.038439		.352467 108

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KPMG LLP COMPU-MAX MICRO SYSTEM
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS	
1 OLD CAP REL COSTS-BLDG & FIXT	1
2 OLD CAP REL COSTS-MVBLE EQUIP	2
3 NEW CAP REL COSTS-BLDG & FIXT	3
4 NEW CAP REL COSTS-MVBLE EQUIP	4
5 EMPLOYEE BENEFITS	5
6 ADMINISTRATIVE & GENERAL	6
7 MAINTENANCE & REPAIRS	7
8 OPERATION OF PLANT	8
9 LAUNDRY & LINEN SERVICE	9
10 HOUSEKEEPING	10
11 DIETARY	11
12 CAFETERIA	12
13 MAINTENANCE OF PERSONNEL	13
14 NURSING ADMINISTRATION	14
15 CENTRAL SERVICES & SUPPLY	15
16 PHARMACY	16
17 MEDICAL RECORDS & LIBRARY	17
18 SOCIAL SERVICE	18
20 NONPHYSICIAN ANESTHETISTS	20
21 NURSING SCHOOL	21
22 I&R SERVICES-SALARY & FRINGES	22
23 I&R SERVICES-OTHER PRGM COSTS	23
24 PARAMED ED PRGM-(SPECIFY)	24
INPATIENT ROUTINE SERV COST CENTERS	
25 ADULTS & PEDIATRICS	25
26 INTENSIVE CARE UNIT	26
33 NURSERY	33
ANCILLARY SERVICE COST CENTERS	
37 OPERATING ROOM	37
38 RECOVERY ROOM	38
39 DELIVERY ROOM & LABOR ROOM	39
40 ANESTHESIOLOGY	40
41 RADIOLOGY-DIAGNOSTIC	41
41.10 C.T.SCAN	41.10
41.20 M.R.I.	41.20
43 RADIOISOTOPE	43
44 LABORATORY	44
46.30 BLOOD CLOTTING FACTORS ADMIN	46.30
47 BLOOD STORING, PROCESSING & T	47
49 RESPIRATORY THERAPY	49
49.10 CARDIAC STRESS LAB	49.10
49.20 CARDIO PULMONARY REHAB	49.20
50 PHYSICAL THERAPY	50
51 OCCUPATIONAL THERAPY	51
52 SPEECH PATHOLOGY	52
53 ELECTROCARDIOLOGY	53
53.10 CARDIAC CATHETERIZATION	53.10
54 ELECTROENCEPHALOGRAPHY	54
56 DRUGS CHARGED TO PATIENTS	56
OUTPATIENT SERVICE COST CENTERS	
61 EMERGENCY	61
62 OBSERVATION BEDS (NON-DISTINC	62
63.50 RHC	63.50
63.60 FQHC	63.60
OTHER REIMBURSABLE COST CENTERS	
69.10 CMHC	69.10
69.20 OPT	69.20
69.30 CMHC	69.30
69.40 OPT	69.40
71 HOME HEALTH AGENCY	71
SPECIAL PURPOSE COST CENTERS	
85.01 PANCREAS ACQUISITION	85.01
85.02 INTESTINAL ACQUISITION	85.02
95 SUBTOTALS	95
NONREIMBURSABLE COST CENTERS	
96 GIFT, FLOWER, COFFEE SHOP & C	96
98 PHYSICIANS' PRIVATE OFFICES	98
99 NONPAID WORKERS	99
100 PRIVATE HOME CARE	100
100.01 NON-PATIENT DIETARY	100.01
100.10 AMBULANCE SERVICE	100.10
100.30 FUND DEVELOPMENT	100.30

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
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KPMG LLP COMPU-MAX MICRO SYSTEM
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

100.40	DEV & PUBLIC RELATIONS	100.40
100.50	OCCUPATIONAL MED CLINIC	100.50
100.60	FOUNDATION	100.60
100.70	SHARED SALARIES	100.70
100.80	FITNESS CENTER	100.80
101	CROSS FOOT ADJUSTMENTS	101
102	NEGATIVE COST CENTER	102
103	COST TO BE ALLOC PER B PT I	103
104	UNIT COST MULT-WS B PT I	104
104	UNIT COST MULT-WS B PT I	104
105	COST TO BE ALLOC PER B PT II	105
106	UNIT COST MULT-WS B PT II	106
106	UNIT COST MULT-WS B PT II	106
107	COST TO BE ALLOC PER B PT III	107
108	UNIT COST MULT-WS B PT III	108
108	UNIT COST MULT-WS B PT III	108

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KPMG LLP COMPU-MAX MICRO SYSTEM
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION		TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	12441808		12441808		12441808	25
26	INTENSIVE CARE UNIT	2331017		2331017		2331017	26
33	NURSERY	540000		540000		540000	33
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	10058352		10058352		10058352	37
38	RECOVERY ROOM	2067745		2067745		2067745	38
39	DELIVERY ROOM & LABOR ROOM	1409080		1409080		1409080	39
40	ANESTHESIOLOGY	528841		528841		528841	40
41	RADIOLOGY-DIAGNOSTIC	3797525		3797525		3797525	41
41.10	C.T.SCAN	2078773		2078773		2078773	41.10
41.20	M.R.I.	1110192		1110192		1110192	41.20
43	RADIOISOTOPE	893140		893140		893140	43
44	LABORATORY	3594317		3594317		3594317	44
46.30	BLOOD CLOTTING FACTORS ADMI						46.30
47	BLOOD STORING, PROCESSING &	781846		781846		781846	47
49	RESPIRATORY THERAPY	1367581		1367581	10931	1378512	49
49.10	CARDIAC STRESS LAB	873001		873001	47598	920599	49.10
49.20	CARDIO PULMONARY REHAB	229573		229573		229573	49.20
50	PHYSICAL THERAPY	1699420		1699420		1699420	50
51	OCCUPATIONAL THERAPY	524009		524009		524009	51
52	SPEECH PATHOLOGY	327656		327656		327656	52
53	ELECTROCARDIOLOGY	53533		53533		53533	53
53.10	CARDIAC CATHETERIZATION	1116171		1116171		1116171	53.10
54	ELECTROENCEPHALOGRAPHY	415204		415204		415204	54
56	DRUGS CHARGED TO PATIENTS	5314437		5314437		5314437	56
OUTPATIENT SERVICE COST CENTERS							
61	EMERGENCY	5044070		5044070	216544	5260614	61
62	OBSERVATION BEDS (NON-DISTI	901644		901644		901644	62
63.50	RHC						63.50
63.60	FQHC						63.60
OTHER REIMBURSABLE COST CENTERS							
101	SUBTOTAL	59498935		59498935	275073	59774008	101
102	LESS OBSERVATION BEDS	901644		901644		901644	102
103	TOTAL	58597291		58597291	275073	58872364	103

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KPMG LLP COMPU-MAX MICRO SYSTEM
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART 1 (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	15768496		15768496			25
26 INTENSIVE CARE UNIT	3300611		3300611			26
33 NURSERY	686140		686140			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8172807	17819257	25992064	.386978	.386978	.386978 37
38 RECOVERY ROOM	1142028	4317967	5459995	.378708	.378708	.378708 38
39 DELIVERY ROOM & LABOR ROOM	1077782	315772	1393554	1.011141	1.011141	1.011141 39
40 ANESTHESIOLOGY	1949468	3861264	5810732	.091011	.091011	.091011 40
41 RADIOLOGY-DIAGNOSTIC	2630873	9489986	12120859	.313305	.313305	.313305 41
41.10 C.T.SCAN	4704911	17289354	21994265	.094514	.094514	.094514 41.10
41.20 M.R.I.	762552	9114319	9876871	.112403	.112403	.112403 41.20
43 RADIOISOTOPE	413674	4147629	4561303	.195808	.195808	.195808 43
44 LABORATORY	13855391	22290501	36145892	.099439	.099439	.099439 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	1132193	411868	1544061	.506357	.506357	.506357 47
49 RESPIRATORY THERAPY	8561849	753134	9314983	.146815	.146815	.147989 49
49.10 CARDIAC STRESS LAB	1406844	2447769	3854613	.226482	.226482	.238830 49.10
49.20 CARDIO PULMONARY REHAB	163	487265	487428	.470989	.470989	.470989 49.20
50 PHYSICAL THERAPY	1190586	2808928	3999514	.424907	.424907	.424907 50
51 OCCUPATIONAL THERAPY	585566	564705	1150271	.455553	.455553	.455553 51
52 SPEECH PATHOLOGY	266546	220338	486884	.672965	.672965	.672965 52
53 ELECTROCARDIOLOGY	561599	939913	1501512	.035653	.035653	.035653 53
53.10 CARDIAC CATHETERIZATION	813122	1346731	2159853	.516781	.516781	.516781 53.10
54 ELECTROENCEPHALOGRAPHY	5440	1426144	1431584	.290031	.290031	.290031 54
56 DRUGS CHARGED TO PATIENTS	15000140	8504039	23504179	.226106	.226106	.226106 56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	3294511	10634374	13928885	.362130	.362130	.377677 61
62 OBSERVATION BEDS (NON-DISTI		1052651	1052651	.856546	.856546	.856546 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	87283292	120243908	207527200			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	87283292	120243908	207527200			103

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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

WORKSHEET C
 PART II

COST CENTER DESCRIPTION	TOTAL COST (WORKSHEET B PART I COL 27)	CAPITAL COST (W/S B, SUM OF PTS II & III, COL 27)	OPERATING COST NET OF CAPITAL COST	CAPITAL REDUCTION
	1	2	3	4
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	10058352	607099	9451253	37
38 RECOVERY ROOM	2067745	93435	1974310	38
39 DELIVERY ROOM & LABOR ROOM	1405090	85195	1323885	39
40 ANESTHESIOLOGY	528841	91584	437257	40
41 RADIOLOGY-DIAGNOSTIC	3797525	273653	3523872	41
41.10 C.T.SCAN	2078773	257792	1820981	41.10
41.20 M.R.I.	1110192	386408	723784	41.20
43 RADIOISOTOPE	893140	26926	866214	43
44 LABORATORY	3594317	226344	3367973	44
46.30 BLOOD CLOTTING FACTORS ADMI				46.30
47 BLOOD STORING, PROCESSING &	781846	19780	762066	47
49 RESPIRATORY THERAPY	1367581	87459	1280122	49
49.10 CARDIAC STRESS LAB	873001	54310	818691	49.10
49.20 CARDIO PULMONARY REHAB	229573	8277	221296	49.20
50 PHYSICAL THERAPY	1699420	132795	1566625	50
51 OCCUPATIONAL THERAPY	524009	34602	489407	51
52 SPEECH PATHOLOGY	327656	30612	297044	52
53 ELECTROCARDIOLOGY	53533	26954	26579	53
53.10 CARDIAC CATHETERIZATION	1116171	198561	917610	53.10
54 ELECTROENCEPHALOGRAPHY	415204	39259	375945	54
56 DRUGS CHARGED TO PATIENTS	5314437	184099	5130338	56
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	5044070	301349	4742721	61
62 OBSERVATION BEDS (NON-DISTI	901644	47636	854008	62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
101 SUBTOTAL	44186110	3214129	40971981	101
102 LESS OBSERVATION BEDS	901644	47636	854008	102
103 TOTAL	43284466	3166493	40117973	103

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
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KPMG LLP COMPU-MAX MICRO SYSTEM
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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

WORKSHEET C
 PART II (CONT)

COST CENTER DESCRIPTION		OPERATING COST REDUCTION AMOUNT	COST NET OF CAPITAL & OPERATING REDUCTION	TOTAL CHARGES (WORKSHEET C PART I COL 8)	OUTPATIENT COST TO CHARGE RATIO	I/P PART B COST TO CHARGE RATIO	
		5	6	7	8	9	
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM		10058352	25992064	.386978	.386978	37
38	RECOVERY ROOM		2067745	5459995	.378708	.378708	38
39	DELIVERY ROOM & LABOR ROOM		1409080	1393554	1.011141	1.011141	39
40	ANESTHESIOLOGY		526841	5810732	.091011	.091011	40
41	RADIOLOGY-DIAGNOSTIC		3797525	12120859	.313305	.313305	41
41.10	C.T.SCAN		2078773	21994265	.094514	.094514	41.10
41.20	M.R.I.		1110192	9876871	.112403	.112403	41.20
43	RADIOISOTOPE		893140	4561303	.195808	.195808	43
44	LABORATORY		3594317	36145892	.099439	.099439	44
46.30	BLOOD CLOTTING FACTORS ADMI						46.30
47	BLOOD STORING, PROCESSING &		781846	1544061	.506357	.506357	47
49	RESPIRATORY THERAPY		1367581	9314983	.146815	.146815	49
49.10	CARDIAC STRESS LAB		873001	3854613	.226482	.226482	49.10
49.20	CARDIO PULMONARY REHAB		229573	487428	.470989	.470989	49.20
50	PHYSICAL THERAPY		1699420	3999514	.424907	.424907	50
51	OCCUPATIONAL THERAPY		524009	1150271	.455553	.455553	51
52	SPEECH PATHOLOGY		327656	486884	.672965	.672965	52
53	ELECTROCARDIOLOGY		53533	1501512	.035653	.035653	53
53.10	CARDIAC CATHETERIZATION		1116171	2159853	.516781	.516781	53.10
54	ELECTROENCEPHALOGRAPHY		415204	1431584	.290031	.290031	54
56	DRUGS CHARGED TO PATIENTS		5314437	23504179	.226106	.226106	56
OUTPATIENT SERVICE COST CENTERS							
61	EMERGENCY		5044070	13928885	.362130	.362130	61
62	OBSERVATION BEDS (NON-DISTI		901644	1052651	.856546	.856546	62
63.50	RHC						63.50
63.60	FQHC						63.60
OTHER REIMBURSABLE COST CENTERS							
101	SUBTOTAL		44186110	187771953			101
102	LESS OBSERVATION BEDS		901644	1052651			102
103	TOTAL		43284466	186719302			103

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2009.04
 02/23/2010 14:39

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

COST CENTER DESCRIPTION		----- OLD CAPITAL -----			----- NEW CAPITAL -----		
		CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25	INPAT ROUTINE SERV COST CTRS						
26	ADULTS & PEDIATRICS				657331		657331
27	INTENSIVE CARE UNIT				109619		109619
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE UNIT						
31	OTHER SPECIAL CARE (SPECIFY)						
33	SUBPROVIDER I						
33	NURSERY				26446		26446
101	TOTAL				793396		793396

COST CENTER DESCRIPTION		---- OLD CAPITAL ----			---- NEW CAPITAL ----		
		TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
25	INPAT ROUTINE SERV COST CTRS						
26	ADULTS & PEDIATRICS	18270	10010			35.98	360160
27	INTENSIVE CARE UNIT	2092	1337			52.40	70059
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE UNIT						
31	OTHER SPECIAL CARE (SPECIFY)						
33	SUBPROVIDER I						
33	NURSERY	700				37.78	
101	TOTAL	21062	11347				430219

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2009.08
 01/23/2010 14:39

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0064) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

		OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 6	CAPITAL COSTS 8
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		607099	25992064	4887301		.023357		114153 37
38	RECOVERY ROOM		93435	5459995	676936		.017113		11584 38
39	DELIVERY ROOM & LABOR ROOM		85195	1393554	2498		.061135		153 39
40	ANESTHESIOLOGY		91584	5810732	1122887		.015761		17698 40
41	RADIOLOGY-DIAGNOSTIC		273653	12120859	1681059		.022577		37953 41
41.10	C.T.SCAN		257792	21994265	2410249		.011721		28251 41.10
41.20	M.R.I.		386408	9876871	410808		.039123		16072 41.20
43	RADIOISOTOPE		26926	4561303	218736		.005903		1291 43
44	LABORATORY		226344	36145892	8348099		.006262		52276 44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T		19780	1544061	728890		.012810		9337 47
49	RESPIRATORY THERAPY		87459	9314983	5758032		.009389		54062 49
49.10	CARDIAC STRESS LAB		54310	3854613	856307		.014090		12065 49.10
49.20	CARDIO PULMONARY REHAB		8277	487428	163		.016981		3 49.20
50	PHYSICAL THERAPY		132795	3999514	793086		.033203		26333 50
51	OCCUPATIONAL THERAPY		34602	1150271	408395		.030082		12285 51
52	SPEECH PATHOLOGY		30612	486884	189401		.062873		11908 52
53	ELECTROCARDIOLOGY		26954	1501512	526280		.017951		9447 53
53.10	CARDIAC CATHETERIZATION		198561	2159853	548041		.091933		50383 53.10
54	ELECTROENCEPHALOGRAPHY		39259	1431584	4293		.027423		118 54
56	DRUGS CHARGED TO PATIENTS		184099	23504179	8743906		.007833		68491 56
	OUTPATIENT SERVICE COST CENTERS								
61	EMERGENCY		301349	13928885	1812553		.021635		39215 61
62	OBSERVATION BEDS (NON-DISTINC		47636	1052651			.045253		62 62
63.50	RHC								63.50
63.60	FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL		3214129	187771953	40127920				573078 101

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
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KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					18270		10010	25
26	INTENSIVE CARE UNIT					2092		1337	26
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I								31
33	NURSERY					700			33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					21062		11347	101

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2609.08
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-0064)	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF		
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.10 C.T.SCAN							41.10
41.20 M.R.I.							41.20
43 RADIOISOTOPE							42
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
49.10 CARDIAC STRESS LAB							49.10
49.20 CARDIO PULMONARY REHAB							49.20
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.10 CARDIAC CATHETERIZATION							53.10
54 ELECTROENCEPHALOGRAPHY							54
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FOHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2553-96 (9/2000)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0064) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		25992064			4887301		6131413	37
38 RECOVERY ROOM		5459995			676936		1323575	38
39 DELIVERY ROOM & LABOR ROOM		1393554			2498		5478	39
40 ANESTHESIOLOGY		5810732			1122887		1017036	40
41 RADIOLOGY-DIAGNOSTIC		12120859			1681059		1920441	41
41.10 C.T.SCAN		21994265			2410249		4589522	41.10
41.20 M.R.I.		9876871			410808		2130615	41.20
43 RADIOISOTOPE		4561303			218736		1476867	43
44 LABORATORY		36145892			8348099		567818	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		1544061			728690		220847	47
49 RESPIRATORY THERAPY		9314983			5758032		234936	49
49.10 CARDIAC STRESS LAB		3854613			856307		563910	49.10
49.20 CARDIO PULMONARY REHAB		487428			163		258859	49.20
50 PHYSICAL THERAPY		3999514			793086			50
51 OCCUPATIONAL THERAPY		1150271			408395		100	51
52 SPEECH PATHOLOGY		486884			189401		128	52
53 ELECTROCARDIOLOGY		1501512			526280		541160	53
53.10 CARDIAC CATHETERIZATION		2159853			548041		351249	53.10
54 ELECTROENCEPHALOGRAPHY		1431584			4293		346619	54
56 DRUGS CHARGED TO PATIENTS		23504179			8743906		2916066	56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		13928885			1812553		1830931	61
62 OBSERVATION BEDS (NON-DISTINC		1052651						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		187771953			40127920		26427570	101

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2009.08
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0064)	<input type="checkbox"/> SUB IV	<input type="checkbox"/> PPS
APPLICABLE	<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> SNF	<input type="checkbox"/> TEFRA
BOXES	<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> NF	
		<input type="checkbox"/> SUB III	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.10 C.T.SCAN						41.10
41.20 M.R.I.						41.20
43 RADIOISOTOPE						43
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
49 RESPIRATORY THERAPY						49
49.10 CARDIAC STRESS LAB						49.10
49.20 CARDIO PULMONARY REHAB						49.20
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
53.10 CARDIAC CATHETERIZATION						53.10
54 ELECTROENCEPHALOGRAPHY						54
56 DRUGS CHARGED TO PATIENTS						56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (8/2002)

VERSION: 2009.08
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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (14-0064)	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

				----- PROGRAM CHARGES -----			
				OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC	
COST CENTER DESCRIPTION				PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	.386978	.386978	.386978			37
38	RECOVERY ROOM	.378708	.378708	.378708			38
39	DELIVERY ROOM & LABOR ROOM	1.011141	1.011141	1.011141			39
40	ANESTHESIOLOGY	.091011	.091011	.091011			40
41	RADIOLOGY-DIAGNOSTIC	.313305	.313305	.313305			41
41.10	C.T.SCAN	.094514	.094514	.094514			41.10
41.20	M.R.I.	.112403	.112403	.112403			41.20
43	RADIOISOTOPE	.195808	.195808	.195808			43
44	LABORATORY	.099439	.099439	.099439			44
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47	BLOOD STORING, PROCESSING & TRA	.506357	.506357	.506357			47
49	RESPIRATORY THERAPY	.146815	.146815	.146815			49
49.10	CARDIAC STRESS LAB	.226482	.226482	.226482			49.10
49.20	CARDIO PULMONARY REHAB	.470989	.470989	.470989			49.20
50	PHYSICAL THERAPY	.424907	.424907	.424907			50
51	OCCUPATIONAL THERAPY	.455553	.455553	.455553			51
52	SPEECH PATHOLOGY	.672965	.672965	.672965			52
53	ELECTROCARDIOLOGY	.035653	.035653	.035653			53
53.10	CARDIAC CATHETERIZATION	.516781	.516781	.516781			53.10
54	ELECTROENCEPHALOGRAPHY	.290031	.290031	.290031			54
56	DRUGS CHARGED TO PATIENTS	.226106	.226106	.226106			56
OUTPATIENT SERVICE COST CENTERS							
61	EMERGENCY	.362130	.362130	.362130			61
62	OBSERVATION BEDS (NON-DISTINCT	.856546	.856546	.856546			62
63.50	RHC						63.50
63.60	FQHC						63.60
OTHER REIMBURSABLE COST CENTERS							
65.01	AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.						65.03
101	SUBTOTAL						101
102	CRNA CHARGES						102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						
104	NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	2
2.01	PROGRAM VACCINE CHARGES	2.01
3	PROGRAM COSTS	3
3.01	PROGRAM COSTS	3.01

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
 PERIOD FROM 10/01/2009 TO 09/30/2009

KPMG LLF COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (8/2002)

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (14-0064)	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL	PPS SER-		PPS SER-	PPS SER-	OUTPATIENT		
	OTHER (1)	VICES	ALL OTHER	VICES	VICES	AMBULATORY	OUTPATIENT	OTHER
	(SEE	(SEE	(SEE	(SEE	(SEE	SURGICAL	RADIOLOGY	OUTPATIENT
	INSTRU.)	INSTRU.)	INSTRU.)	INSTRU.)	INSTRU.)	CENTER		DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6131413						37
38 RECOVERY ROOM		1323575						38
39 DELIVERY ROOM & LABOR ROOM		5478						39
40 ANESTHESIOLOGY		1017036						40
41 RADIOLOGY-DIAGNOSTIC		1920441						41
41.10 C.T.SCAN		4589522						41.10
41.20 M.R.I.		2130615						41.20
43 RADIOISOTOPE		1476867						43
44 LABORATORY		567818						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		220847						47
49 RESPIRATORY THERAPY		234936						49
49.10 CARDIAC STRESS LAB		563910						49.10
49.20 CARDIO PULMONARY REHAB		258859						49.20
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY		100						51
52 SPEECH PATHOLOGY		128						52
53 ELECTROCARDIOLOGY		541160						53
53.10 CARDIAC CATHETERIZATION		351249						53.10
54 ELECTROENCEPHALOGRAPHY		346619						54
56 DRUGS CHARGED TO PATIENTS		2916066						56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		1830931						61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		26427570						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		26427570						104

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (8/2002)

VERSION: 2009.08
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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (14-0064)	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST					HOSPITAL	HOSPITAL
	ALL OTHER	PPS SERVICES	ALL OTHER	PPS SERVICES	PPS SERVICES	I/P PART B	I/P PART B
	(COLS 1x5)	(COLUMNS 1.01x5.01)	(COLUMNS 1.01x5.02)	(COLUMNS 1.01x5.03)	(COLUMNS 1.01x5.04)	CHARGES (SEE INSTRU.)	COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2372722					37
38 RECOVERY ROOM		501248					38
39 DELIVERY ROOM & LABOR ROOM		5539					39
40 ANESTHESIOLOGY		92561					40
41 RADIOLOGY-DIAGNOSTIC		601684					41
41.10 C.T.SCAN		433774					41.10
41.20 M.R.I.		239488					41.20
43 RADIOISOTOPE		289182					43
44 LABORATORY		56463					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		111827					47
49 RESPIRATORY THERAPY		34492					49
49.10 CARDIAC STRESS LAB		127715					49.10
49.20 CARDIO PULMONARY REHAB		121920					49.20
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY		46					51
52 SPEECH PATHOLOGY		86					52
53 ELECTROCARDIOLOGY		19294					53
53.10 CARDIAC CATHETERIZATION		181519					53.10
54 ELECTROENCEPHALOGRAPHY		100530					54
56 DRUGS CHARGED TO PATIENTS		659340					56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		663035					61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		6612465					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		6612465					104

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2009.08
 02/23/2010 14:39

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION		OLD CAPITAL			NEW CAPITAL		
		CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
		1	2	3	4	5	6
25	INPAT ROUTINE SERV COST CTRS						
26	ADULTS & PEDIATRICS				657331		657331
27	INTENSIVE CARE UNIT				109619		109619
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE UNIT						
31	OTHER SPECIAL CARE (SPECIFY)						
33	SUBPROVIDER I						
33	NURSERY				26446		26446
101	TOTAL				793396		793396

COST CENTER DESCRIPTION		OLD CAPITAL			NEW CAPITAL		
		TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
		7	8	9	10	11	12
25	INPAT ROUTINE SERV COST CTRS						
26	ADULTS & PEDIATRICS	16270	1653			35.98	59475
27	INTENSIVE CARE UNIT	2092	90			52.40	4716
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE UNIT						
31	OTHER SPECIAL CARE (SPECIFY)						
33	SUBPROVIDER I						
33	NURSERY	700	492			37.78	18588
101	TOTAL	21062	2235				82779

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
 PERIOD FROM 10/01/2004 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2009.08
 02/23/2010 14:39

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK ☐ TITLE V ☒ HOSPITAL (14-0064) ☐ SUB III ☐ FPS
 APPLICABLE ☐ TITLE XVIII-PT A ☐ SUB I ☐ SUB IV ☐ TEFRA
 BOXES ☒ TITLE XIX ☐ SUB II ☒ OTHER

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL	----	NEW CAPITAL	----
	1	2				RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
						5	6	7	8
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		607099	25992064					.023357	37
38 RECOVERY ROOM		93435	5459995					.017113	38
39 DELIVERY ROOM & LABOR ROOM		85195	1393554					.061135	39
40 ANESTHESIOLOGY		91584	5810732					.015761	40
41 RADIOLOGY-DIAGNOSTIC		273653	12120859					.022577	41
41.10 C.T.SCAN		257792	21994265					.011721	41.10
41.20 M.R.I.		386408	9876871					.039123	41.20
43 RADIOISOTOPE		26926	4561303					.005903	43
44 LABORATORY		226344	36145892					.006262	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T		19780	1544061					.012810	47
49 RESPIRATORY THERAPY		87459	9314983					.009389	49
49.10 CARDIAC STRESS LAB		54310	3854613					.014090	49.10
49.20 CARDIO PULMONARY REHAB		8277	487428					.016981	49.20
50 PHYSICAL THERAPY		132795	3999514					.033203	50
51 OCCUPATIONAL THERAPY		34602	1150271					.030082	51
52 SPEECH PATHOLOGY		30612	486884					.062873	52
53 ELECTROCARDIOLOGY		26954	1501512					.017951	53
53.10 CARDIAC CATHETERIZATION		198561	2159853					.091933	53.10
54 ELECTROENCEPHALOGRAPHY		39259	1431584					.027423	54
56 DRUGS CHARGED TO PATIENTS		184099	23504179					.007833	56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		301349	13928885					.021635	61
62 OBSERVATION BEDS (NON-DISTINC		47636	1052651					.045253	62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		3214129	187771953						101

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
 PERIOD FROM 10/01/2009 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					18270		1653	25
26	INTENSIVE CARE UNIT					2092		90	26
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I								31
33	NURSERY					700		492	33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					21062		2235	101

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2009.0m
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-0064)	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	SUB I	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF	<input type="checkbox"/>	OTHER
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.10 C.T.SCAN							41.10
41.20 M.R.I.							41.20
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
49.10 CARDIAC STRESS LAB							49.10
49.20 CARDIO PULMONARY REHAB							49.20
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.10 CARDIAC CATHETERIZATION							53.10
54 ELECTROENCEPHALOGRAPHY							54
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0064)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		25992064					37
38 RECOVERY ROOM		5459995					38
39 DELIVERY ROOM & LABOR ROOM		1393554					39
40 ANESTHESIOLOGY		5810732					40
41 RADIOLOGY-DIAGNOSTIC		12120859					41
41.10 C.T.SCAN		21994265					41.10
41.20 M.R.I.		9876871					41.20
43 RADIOISOTOPE		4561303					43
44 LABORATORY		36145892					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		1544061					47
49 RESPIRATORY THERAPY		9314983					49
49.10 CARDIAC STRESS LAB		3854613					49.10
49.20 CARDIO PULMONARY REHAB		487428					49.20
50 PHYSICAL THERAPY		3999514					50
51 OCCUPATIONAL THERAPY		1150271					51
52 SPEECH PATHOLOGY		486884					52
53 ELECTROCARDIOLOGY		1501512					53
53.10 CARDIAC CATHETERIZATION		2159853					53.10
54 ELECTROENCEPHALOGRAPHY		1431584					54
56 DRUGS CHARGED TO PATIENTS		23504179					56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		13928885					61
62 OBSERVATION BEDS (NON-DISTINC		1052651					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		187771953					101

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART 1V

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0064)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.10 C.T.SCAN						41.10
41.20 M.R.I.						41.20
43 RADIOISOTOPE						43
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
49 RESPIRATORY THERAPY						49
49.10 CARDIAC STRESS LAB						49.10
49.20 CARDIO PULMONARY REHAB						49.20
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
53.10 CARDIAC CATHETERIZATION						53.10
54 ELECTROENCEPHALOGRAPHY						54
56 DRUGS CHARGED TO PATIENTS						56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0064)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	18270						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	18270						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	18270						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	10010						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I (CONT)

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0064)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICAID RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	12441808						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	12441808						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	15018013						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	15018013						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.828459						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	622.00						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	12441808						37

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (14-0064)	SUB I	SUB II	SUB III	SUB IV	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	681.00					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6816810					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	6816810					41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLES V AND XIX ONLY)						42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44	INTENSIVE CARE UNIT	2331017	2092	1114.25	1337	1489752	43
45	CORONARY CARE UNIT						44
46	BURN INTENSIVE CARE UNIT						45
47	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47
		HOSPITAL (PPS) (14-0064)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	8967101					48
49	TOTAL PROGRAM INPATIENT COSTS	17273663					49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	430219					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	573078					51
52	TOTAL PROGRAM EXCLUDABLE COST	1003297					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	16270366					53

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.08
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II (CONT)

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0064)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

SNF

1

66 SNF/NF/ICF/MR ROUTINE SERVICE COST	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	67
68 PROGRAM ROUTINE SERVICE COST	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	71
72 PER DIEM CAPITAL RELATED COSTS	72
73 PROGRAM CAPITAL RELATED COSTS	73
74 INPATIENT ROUTINE SERVICE COST	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	77
78 INPATIENT ROUTINE SERVICE COST LIMITATION	78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION	81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	82

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

HOSPITAL (PPS) (14-0064)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1324	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	681.00	84
85 OBSERVATION BED COST	901644	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL
ROUTINE
COST
COST
1 (FROM LINE 27)
2

TOTAL
OBSERVATION
BED COST
COLUMN 1
DIVIDED BY
COLUMN 2
3 (FROM LINE 85)
4
OBSERVATION BED
PASS-THROUGH COST
COL 3 TIMES COL 4
5

86 OLD CAPITAL-RELATED COST	12441808	901644	86
87 NEW CAPITAL-RELATED COST	12441808	901644	87
88 NON PHYSICIAN ANESTHETIST	12441808	901644	88
89 MEDICAL EDUCATION	12441808	901644	89

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0064)	SUB I	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	18270						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	18270						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	18270						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1653						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS	700						15
16 TITLE V OR XIX NURSERY DAYS	492						16

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0064)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	12441808						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	12441808						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	15018013						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	15018013						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.828459						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	822.00						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	12441808						37

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT

[] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (14-0064)	SUB I	SUB II	SUB III	SUB IV	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	681.00					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1125693					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1125693					41

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLES V AND XIX ONLY)	540000	700	771.43	492	379544	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	2331017	2092	1114.25	90	100283	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

		HOSPITAL (OTHER) (14-0064)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49	TOTAL PROGRAM INPATIENT COSTS	1605520					49

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	82779					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52	TOTAL PROGRAM EXCLUDABLE COST	82779					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0064)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

☐ TITLE V-INPT

☐ TITLE XVIII-PART A

☒ TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

NF

66 SNF/NF/ICF/MR ROUTINE SERVICE COST
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
68 PROGRAM ROUTINE SERVICE COST
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS
72 PER DIEM CAPITAL RELATED COSTS
73 PROGRAM CAPITAL RELATED COSTS
74 INPATIENT ROUTINE SERVICE COST
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78 INPATIENT ROUTINE SERVICE COST LIMITATION
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
80 PROGRAM INPATIENT ANCILLARY SERVICES
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

1

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET U-1
PARTS III & IV

[] TITLE V-INPT

[] TITLE XVIII-PART A

[XX] TITLE XIX-INPT

HOSPITAL (OTHER) (14-0064)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85 OBSERVATION BED COST

1324
681.00
901644

83
84
85

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[XX] HOSPITAL (14-0064)	[] SNF	[XX] FPS
[XX] TITLE XVIII-PT A	[] SUB I	[] NF	[] TEFRA
[] TITLE XIX	[] SUB II	[] S/B-SNF	[] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		8798462		25
26 INTENSIVE CARE UNIT		1999530		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.386978	4887301	1691278	37
38 RECOVERY ROOM	.378708	676936	256361	38
39 DELIVERY ROOM & LABOR ROOM	1.011141	2498	2526	39
40 ANESTHESIOLOGY	.091011	1122887	102195	40
41 RADIOLOGY-DIAGNOSTIC	.313305	1681059	526684	41
41.10 C.T.SCAN	.094514	2410249	227802	41.10
41.20 M.R.I.	.112403	410808	46176	41.20
43 RADIOISOTOPE	.195808	218736	42830	43
44 LABORATORY	.099439	8348099	830127	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.506357	728890	369079	47
49 RESPIRATORY THERAPY	.147989	5758032	852125	49
49.10 CARDIAC STRESS LAB	.238830	856307	204512	49.10
49.20 CARDIO PULMONARY REHAB	.470989	163	77	49.20
50 PHYSICAL THERAPY	.424907	793086	336988	50
51 OCCUPATIONAL THERAPY	.455553	408395	186046	51
52 SPEECH PATHOLOGY	.672965	189401	127460	52
53 ELECTROCARDIOLOGY	.035653	526280	18763	53
53.10 CARDIAC CATHETERIZATION	.516781	548041	283217	53.10
54 ELECTROENCEPHALOGRAPHY	.290031	4293	1245	54
56 DRUGS CHARGED TO PATIENTS	.226106	8743906	1977050	56
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.377677	1812553	684560	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.856546			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		40127920	8967101	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		40127920		103

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[XX] HOSPITAL (14-0064)	[] SNF	[] PPS
[] TITLE XVIII-PT A	[] SUB I	[] NF	[] TEFRA
[XX] TITLE XIX	[] SUB II	[] S/B-SNF	[XX] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.386978		37
38 RECOVERY ROOM	.378708		38
39 DELIVERY ROOM & LABOR ROOM	1.011141		39
40 ANESTHESIOLOGY	.091011		40
41 RADIOLOGY-DIAGNOSTIC	.313305		41
41.10 C.T.SCAN	.094514		41.10
41.20 M.R.I.	.112403		41.20
43 RADIOISOTOPE	.195808		43
44 LABORATORY	.099439		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.506357		47
49 RESPIRATORY THERAPY	.146815		49
49.10 CARDIAC STRESS LAB	.226482		49.10
49.20 CARDIO PULMONARY REHAB	.470989		49.20
50 PHYSICAL THERAPY	.424907		50
51 OCCUPATIONAL THERAPY	.455553		51
52 SPEECH PATHOLOGY	.672965		52
53 ELECTROCARDIOLOGY	.035653		53
53.10 CARDIAC CATHETERIZATION	.516781		53.10
54 ELECTROENCEPHALOGRAPHY	.290031		54
56 DRUGS CHARGED TO PATIENTS	.226106		56
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	.362130		61
62 OBSERVATION BEDS (NON-DISTINCT	.856546		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0064)	SUB I	SUB II	SUB III	SUB IV	
DSG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1						1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	335706.5					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	10071196					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	292236					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	95.46					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART 1						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.16
		RES. IN INIT YRS				
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0064)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
						[SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]
3.24						3.24
						DISPROPORTIONATE SHARE ADJUSTMENT
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6						6
7						7
7.01						7.01
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
21.01						21.01
21.02						21.02
22						22

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0064)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	19615164				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	19083955				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	531209				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	211255				30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0064) 1	HOSPITAL (14-0064) 1.01	HOSPITAL (14-0064) 1.02	
1 MEDICAL AND OTHER SERVICES	250			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	6612465			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	5361381			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.777	0.777		1.03
1.04 LINE 1.01 TIMES LINE 1.03	5137885			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	250			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	1106			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	1106			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	1106			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	856			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	250			17
17.01 TOTAL PPS PAYMENTS	5361381			17.01

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0064) 1	HOSPITAL (14-0064) 1.01	HOSPITAL (14-0064) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	1402413		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	3959218		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	3959218		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	3959218		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	278699		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	195089		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	4154307		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	4154307		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	4152906		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	1401		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0064)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1 STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2 DEDUCTIBLES	2
3 SUBTOTAL	3
4 80 PERCENT OF LINE 3	4
5 ASC PORTION OF BLEND	5
6 OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES	
7 TOTAL CHARGES	7
CUSTOMARY CHARGES	
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10 RATIO OF LINE 8 TO LINE 9	10
11 TOTAL CUSTOMARY CHARGES	11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14 LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT	
15 DEDUCTIBLES AND COINSURANCE	15
16 TOTAL	16
17 HOSPITAL SPECIFIC PORTION OF BLEND	17
18 ASC BLENDED AMOUNT	18
19 LESSER OF LINES 16 OR 18	19
20 PART B DEDUCTIBLES AND COINSURANCE	20
21 ASC PAYMENT AMOUNT	21

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET F
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0064)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
{14-0064}
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

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WORKSHEET E-1

INTERMEDIARY NUMBER: _____
DATE (MO/DAY/YR): _____

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CALCULATION OF REIMBURSEMENT SETTLEMENT
PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
PART III

		[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
			HOSPITAL (14-0064) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
COMPUTATION OF NET COST OF COVERED SERVICES			1	1	1	1	1	1
1	INPATIENT HOSPITAL/SNF/NF SERVICES	1605520						1
2	MEDICAL AND OTHER SERVICES							2
3	INTERNS AND RESIDENTS							3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O							4
5	COST OF TEACHING PHYSICIANS							5
6	SUBTOTAL	1605520						6
7	INPATIENT PRIMARY PAYER PAYMENTS							7
8	OUTPATIENT PRIMARY PAYER PAYMENTS							8
9	SUBTOTAL	1605520						9
COMPUTATION OF LESSER OF COST OR CHARGES								
10	ROUTINE SERVICE CHARGES							10
11	ANCILLARY SERVICE CHARGES							11
12	INTERNS AND RESIDENTS SERVICE CHARGES							12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE							13
14	TEACHING PHYSICIANS							14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION							15
16	TOTAL REASONABLE CHARGES							16
CUSTOMARY CHARGES								
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE							17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							18
19	RATIO OF LINE 17 TO LINE 18							19
20	TOTAL CUSTOMARY CHARGES							20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	1605520						22
23	COST OF COVERED SERVICES	1605520						23
PROSPECTIVE PAYMENT AMOUNT								
24	OTHER THAN OUTLIER PAYMENTS							24
25	OUTLIER PAYMENTS							25
26	PROGRAM CAPITAL PAYMENTS							26
27	CAPITAL EXCEPTION PAYMENTS							27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS							28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS							29
30	SUBTOTAL	1605520						30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED							31
32	LESSER OF LINES 30 OR 31	1605520						32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)							33

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PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	
	HOSPITAL (14-0064) (OTHER)	SUB I	SUB II	SUB III SUB IV NF I
	1	1	1	1 1 1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
35	EXCESS OF REASONABLE COST	1605520		34
36	SUBTOTAL			35
37	COINSURANCE			36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,			37
38.01	REIMBURSABLE BAD DEBTS			38
38.02	REDUCED REIMBURSABLE BAD DEBTS			38.01
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE			38.02
	BENEFICIARIES (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			39
40	SUBTOTAL			40
41	INPATIENT ROUTINE SERVICE COST			41
42	MEDICARE INPATIENT ROUTINE CHARGES			42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE			43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM			44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN			
	ACCORDANCE WITH 42 CFR 413.13(E)			
45	RATIO OF LINE 43 TO LINE 44			45
46	TOTAL CUSTOMARY CHARGES			46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM			49
	UTILIZATION			
50	OTHER ADJUSTMENTS			50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING			51
	DEPRECIABLE ASSETS			
52	SUBTOTAL			52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT			53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			55
56	SEQUESTRATION ADJUSTMENT			56
57	INTERIM PAYMENTS			57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)			57.01
58	BALANCE DUE PROVIDER/PROGRAM			58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT			59
	SECTION 115.2			

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	888155			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	38711210			4
5	OTHER RECEIVABLES	104699			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-26882051			6
7	INVENTORY	1039994			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	442653			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	14304659			11
FIXED ASSETS					
12	LAND	314848			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	925068			13
13.01	ACCUMULATED DEPRECIATION	-848225			13.01
14	BUILDINGS	33508008			14
14.01	ACCUMULATED DEPRECIATION	-17104550			14.01
15	LEASEHOLD IMPROVEMENTS	38298			15
15.01	ACCUMULATED AMORTIZATION	-38298			15.01
16	FIXED EQUIPMENT	33207327			16
16.01	ACCUMULATED DEPRECIATION	-27085303			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT				18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE	147855			20
21	TOTAL FIXED ASSETS	23065028			21
OTHER ASSETS					
22	INVESTMENTS	40688852			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	4663681			25
26	TOTAL OTHER ASSETS	45352533			26
27	TOTAL ASSETS	82722220			27
LIABILITIES AND FUND BALANCES		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	1496729			28
29	SALARIES, WAGES & FEES PAYABLE	3287312			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS	1793995			34
35	OTHER CURRENT LIABILITIES	22863			35
36	TOTAL CURRENT LIABILITIES	6600899			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	117100			41
42	TOTAL LONG TERM LIABILITIES	117100			42
43	TOTAL LIABILITIES	6717999			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	76004221			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	76004221			51
52	TOTAL LIABILITIES AND FUND BALANCES	82722220			52

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	68758643			1
2 NET INCOME (LOSS)	7338339			2
3 TOTAL	76096982			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	76096982			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 CHANGE IN RESTRICTED ASSETS	92761			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	92761			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	76004221			19

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	15653300		15653300	2
3 SUBPROVIDER I				4
4 SWING BED - SNF				5
5 SWING BED - NF				6
6 SKILLED NURSING FACILITY				7
7 NURSING FACILITY				8
8 OTHER LONG TERM CARE				9
9 TOTAL GENERAL INPATIENT CARE SERVICES	15653300		15653300	10
10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
11 INTENSIVE CARE UNIT	3239774		3239774	12
12 CORONARY CARE UNIT				13
13 BURN INTENSIVE CARE UNIT				14
14 SURGICAL INTENSIVE CARE UNIT				15
15 OTHER SPECIAL CARE (SPECIFY)				16
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	3239774		3239774	17
17 TOTAL INPATIENT ROUTINE CARE SERVICES	18893074		18893074	18
18 ANCILLARY SERVICES	67639176	135474043	203113219	19
18.50 OUTPATIENT SERVICES		10981989	10981989	20
18.50 RHC				21
18.60 FQHC				22
19 HOME HEALTH AGENCY				23
20 AMBULANCE				24
21 CORF				25
22 ASC				
23 HOSPICE				
24 TOTAL PATIENT REVENUES	86532250	146456032	232988282	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		78088981	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	6945503		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		6945503	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		85034484	40

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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	232988242	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	143662077	2
3	NET PATIENT REVENUES	89326065	3
4	LESS - TOTAL OPERATING EXPENSES	85034444	4
5	NET INCOME FROM SERVICE TO PATIENTS	4291721	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	421615	6
7	INCOME FROM INVESTMENTS	1933444	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	230648	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER REVENUE	460911	24
25	TOTAL OTHER INCOME	3046618	25
26	TOTAL	7338339	26
27	CUMULATIVE EFFECT		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	7338339	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0064)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1 CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS					1
2 CAPITAL FEDERAL AMOUNT					2
3 CAPITAL DRG OTHER THAN OUTLIER	1102886				3
3.01 CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997					3.01
4 CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	12101				4
4.01 NO. OF INTERNS & RESIDENTS					4.01
4.02 INDIRECT MEDICAL EDUCATION PERCENTAGE					4.02
4.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT					4.03
5 % OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS					5
5.01 % OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I					5.01
5.02 SUM OF LINES 5 AND 5.01					5.02
5.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE					5.03
5.04 DISPROPORTIONATE SHARE ADJUSTMENT					5.04
6 TOTAL PROSPECTIVE CAPITAL PAYMENTS	1114987				6
PART II - HOLD HARMLESS METHOD					
1 NEW CAPITAL					1
2 OLD CAPITAL					2
3 TOTAL CAPITAL					3
4 RATIO OF NEW CAPITAL TO TOTAL CAPITAL					4
5 TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE					5
6 REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT					6
7 REDUCED OLD CAPITAL AMOUNT					7
8 HOLD HARMLESS PAYMENT FOR NEW CAPITAL					8
9 SUBTOTAL					9
10 PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)					10
PART III - PAYMENT UNDER REASONABLE COST					
1 PROGRAM INPATIENT ROUTINE CAPITAL COST					1
2 PROGRAM INPATIENT ANCILLARY CAPITAL COST					2
3 TOTAL INPATIENT PROGRAM CAPITAL					3
4 CAPITAL COST PAYMENT FACTOR					4
5 TOTAL INPATIENT PROGRAM CAPITAL COST					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1 PROGRAM INPATIENT CAPITAL COSTS					1
2 PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES					2
3 NET PROGRAM INPATIENT CAPITAL COSTS					3
4 APPLICABLE EXCEPTION PERCENTAGE					4
5 CAPITAL COST FOR COMPARISON TO PAYMENTS					5
6 PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES					6
7 ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES					7
8 CAPITAL MINIMUM PAYMENT LEVEL					8
9 CURRENT YEAR CAPITAL PAYMENTS					9
10 CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS					10
11 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT					11
12 NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS					12
13 CURRENT YEAR EXCEPTION PAYMENT					13
14 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD					14
15 CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)					15
16 CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)					16
17 CURRENT YEAR EXCEPTION OFFSET AMOUNT					17

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION		EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		0	4A	25	26	27	
1	GENERAL SERVICE COST CENTERS						1
2	OLD CAP REL COSTS-BLDG & FIXT						2
3	OLD CAP REL COSTS-MVBLE EQUIP						3
4	NEW CAP REL COSTS-BLDG & FIXT						4
5	NEW CAP REL COSTS-MVBLE EQUIP						5
6	EMPLOYEE BENEFITS						6
7	ADMINISTRATIVE & GENERAL						7
8	MAINTENANCE & REPAIRS						8
9	OPERATION OF PLANT						9
10	LAUNDRY & LINEN SERVICE						10
11	HOUSEKEEPING						11
12	DIETARY						12
13	CAFETERIA						13
14	MAINTENANCE OF PERSONNEL						14
15	NURSING ADMINISTRATION						15
16	CENTRAL SERVICES & SUPPLY						16
17	PHARMACY						17
18	MEDICAL RECORDS & LIBRARY						18
20	SOCIAL SERVICE						20
21	NONPHYSICIAN ANESTHETISTS						21
22	NURSING SCHOOL						22
23	I&R SERVICES-SALARY & FRINGES						23
24	I&R SERVICES-OTHER PRGM COSTS						24
25	PARAMED ED PRGM-(SPECIFY)						25
26	INPATIENT ROUTINE SERV COST CENTERS						26
33	ADULTS & PEDIATRICS						33
37	INTENSIVE CARE UNIT						37
38	NURSERY						38
39	ANCILLARY SERVICE COST CENTERS						39
40	OPERATING ROOM						40
41	RECOVERY ROOM						41
41.10	DELIVERY ROOM & LABOR ROOM						41.10
41.20	ANESTHESIOLOGY						41.20
43	RADIOLOGY-DIAGNOSTIC						43
44	C.T.SCAN						44
46.30	M.R.I.						46.30
47	RADIOISOTOPE						47
49	LABORATORY						49
49.10	BLOOD CLOTTING FACTORS ADMIN C						49.10
49.20	BLOOD STORING, PROCESSING & TR						49.20
50	RESPIRATORY THERAPY						50
51	CARDIAC STRESS LAB						51
52	CARDIO PULMONARY REHAB						52
53	PHYSICAL THERAPY						53
54	OCCUPATIONAL THERAPY						54
56	SPEECH PATHOLOGY						56
61	ELECTROCARDIOLOGY						61
62	CARDIAC CATHETERIZATION						62
63.50	ELECTROENCEPHALOGRAPHY						63.50
63.60	DRUGS CHARGED TO PATIENTS						63.60
69.10	OUTPATIENT SERVICE COST CENTERS						69.10
69.20	EMERGENCY						69.20
69.30	OBSERVATION BEDS (NON-DISTINCT						69.30
69.40	RHC						69.40
71	FQHC						71
85.01	OTHER REIMBURSABLE COST CENTERS						85.01
85.02	CMHC						85.02
95	OPT						95
96	CMHC						96
98	OPT						98
99	HOME HEALTH AGENCY						99
100	SPECIAL PURPOSE COST CENTERS						100
100.01	PANCREAS ACQUISITION						100.01
100.10	INTESTINAL ACQUISITION						100.10
100.30	SUBTOTALS						100.30
100.40	NONREIMBURSABLE COST CENTERS						100.40
100.50	GIFT, FLOWER, COFFEE SHOP & CA						100.50
	PHYSICIANS' PRIVATE OFFICES						
	NONPAID WORKERS						
	PRIVATE HOME CARE						
	NON-PATIENT DIETARY						
	AMBULANCE SERVICE						
	FUND DEVELOPMENT						
	DEV & PUBLIC RELATIONS						
	OCCUPATIONAL MED CLINIC						

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
100.60 FOUNDATION						100.60
100.70 SHARED SALARIES						100.70
100.80 FITNESS CENTER						100.80
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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***** REPORT 97 ***** UTILIZATION STATISTICS *****

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	54.79		9.05				63.84 25
76 INTENSIVE CARE UNIT	63.91		4.30				68.21 26
33 NURSERY			70.29				70.29 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	18.80	23.59					42.39 37
38 RECOVERY ROOM	12.40	24.24					36.64 38
39 DELIVERY ROOM & LABOR ROOM	0.18	0.39					0.57 39
40 ANESTHESIOLOGY	19.32	17.50					36.82 40
41 RADIOLOGY-DIAGNOSTIC	13.67	15.84					29.51 41
41.10 C.T.SCAN	10.96	20.87					31.83 41.10
41.20 M.R.I.	4.16	21.57					25.73 41.20
43 RADIOISOTOPE	4.80	32.38					37.18 43
44 LABORATORY	23.10	1.57					24.67 44
47 BLOOD STORING, PROCESSING & TRA	47.21	14.30					61.51 47
49 RESPIRATORY THERAPY	61.81	2.52					64.33 49
49.10 CARDIAC STRESS LAB	22.22	14.63					36.85 49.10
49.20 CARDIO PULMONARY REHAB	0.03	53.11					53.14 49.20
50 PHYSICAL THERAPY	19.83						19.83 50
51 OCCUPATIONAL THERAPY	35.50	0.01					35.51 51
52 SPEECH PATHOLOGY	38.90	0.03					38.93 52
53 ELECTROCARDIOLOGY	35.05	36.04					71.09 53
53.10 CARDIAC CATHETERIZATION	25.37	16.26					41.63 53.10
54 ELECTROENCEPHALOGRAPHY	0.30	24.21					24.51 54
56 DRUGS CHARGED TO PATIENTS	37.20	12.41					49.61 56
61 EMERGENCY	13.01	13.14					26.15 61
101 TOTAL CHARGES	19.34	12.73					32.07 101

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
1	GENERAL SERVICE COST CENTERS							1
2	OLD CAP REL COSTS-BLDG & FIXT							2
3	NEW CAP REL COSTS-MVBLE EQUIP	1167644	1.60	-1167644	-3.70			3
4	NEW CAP REL COSTS-BLDG & FIXT	1600931	2.19	-1600931	-5.07			4
5	EMPLOYEE BENEFITS	8855636	12.13	-8855636	-28.03			5
6	ADMINISTRATIVE & GENERAL	13072707	17.91	-13072707	-41.38			6
7	MAINTENANCE & REPAIRS	1338920	1.83	-1338920	-4.24			7
8	OPERATION OF PLANT	1388236	1.90	-1388236	-4.39			8
9	LAUNDRY & LINEN SERVICE	297956	.41	-297956	-.94			9
10	HOUSEKEEPING	815244	1.12	-815244	-2.58			10
11	DIETARY	291232	.40	-291232	-.92			11
12	CAFETERIA	739109	1.01	-739109	-2.34			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	596723	.82	-596723	-1.89			14
15	CENTRAL SERVICES & SUPPLY	430185	.59	-430185	-1.36			15
16	PHARMACY							16
17	MEDICAL RECORDS & LIBRARY	871317	1.19	-871317	-2.76			17
18	SOCIAL SERVICE	126041	.17	-126041	-.40			18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A							22
23	I&R SERVICES-OTHER PRGM COSTS A							23
24	PARAMED ED PRGM-(SPECIFY)							24
25	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	5509637	7.55	6932171	21.94	12441808	17.04	25
26	INTENSIVE CARE UNIT	1165589	1.60	1165428	3.69	2331017	3.19	26
33	NURSERY	271232	.37	268768	.85	540000	.74	33
37	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	6357657	8.71	3700695	11.71	10058352	13.78	37
38	RECOVERY ROOM	1025913	1.41	1041832	3.30	2067745	2.83	38
39	DELIVERY ROOM & LABOR ROOM	657663	.90	751417	2.38	1409080	1.93	39
40	ANESTHESIOLOGY	251735	.34	277106	.88	528841	.72	40
41	RADIOLOGY-DIAGNOSTIC	1969661	2.70	1827864	5.79	3797525	5.20	41
41.10	C.T. SCAN	1294163	1.77	784610	2.48	2078773	2.85	41.10
41.20	M.R.I.	705464	.97	404728	1.28	1110192	1.52	41.20
43	RADIOISOTOPE	602014	.82	291126	.92	893140	1.22	43
44	LABORATORY	2003271	2.74	1591046	5.04	3594317	4.92	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
47	BLOOD STORING, PROCESSING & TRA	611673	.84	170173	.54	781846	1.07	47
49	RESPIRATORY THERAPY	747161	1.02	620420	1.96	1367581	1.87	49
49.10	CARDIAC STRESS LAB	456926	.63	416075	1.32	873001	1.20	49.10
49.20	CARDIO PULMONARY REHAB	131591	.18	97982	.31	229573	.31	49.20
50	PHYSICAL THERAPY	729759	1.00	969661	3.07	1699420	2.33	50
51	OCCUPATIONAL THERAPY	230726	.32	293283	.93	524009	.72	51
52	SPEECH PATHOLOGY	120620	.17	207036	.66	327656	.45	52
53	ELECTROCARDIOLOGY	2852		50681	.16	53533	.07	53

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COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
53.10	CARDIAC CATHETERIZATION	607998	.83	508173	1.61	1116171	1.53	53.10
54	ELECTROENCEPHALOGRAPHY	203695	.28	211504	.67	415204	.57	54
56	DRUGS CHARGED TO PATIENTS	3707081	5.08	1607356	5.09	5314437	7.28	56
61	EMERGENCY	2510350	3.44	2533720	8.72	5044070	6.91	61
62	OBSERVATION BEDS (NON-DISTINCT							62
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
	OUTPATIENT SERVICE COST CENTERS							
69.10	CMHC							69.10
69.20	OPT							69.20
69.30	CMHC							69.30
69.40	OPT							69.40
71	HOME HEALTH AGENCY							71
	SPECIAL PURPOSE COST CENTERS							
85.01	PANCREAS ACQUISITION							85.01
85.02	INTESTINAL ACQUISITION							85.02
	NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN	119162	.16	53895	.17	173057	.24	96
98	PHYSICIANS' PRIVATE OFFICES	7612638	10.43	3449236	10.92	11061874	15.15	98
99	NONPAID WORKERS	13979	.02	217284	.69	231263	.32	99
100	PRIVATE HOME CARE							100
100.01	NON-PATIENT DIETARY	230647	.32	105095	.33	335742	.46	100.01
100.10	AMBULANCE SERVICE	4319	.01	1122		5441	.01	100.10
100.30	FUND DEVELOPMENT	146451	.20	86511	.27	232962	.32	100.30
100.40	DEV & PUBLIC RELATIONS	784093	1.07	316481	1.00	1100574	1.51	100.40
100.50	OCCUPATIONAL MED CLINIC	462522	.63	449716	1.42	912238	1.25	100.50
100.60	FOUNDATION	56563	.08	14699	.05	71262	.10	100.60
100.70	SHARED SALARIES							100.70
100.80	FITNESS CENTER	106615	.15	174982	.55	281597	.39	100.80
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	73003301	100.00	0	.00	73003301	100.00	103

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APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	607099	25992064	.023357	4887301	114153	37
38 RECOVERY ROOM	93435	5459995	.017113	676936	11584	38
39 DELIVERY ROOM & LABOR ROOM	85195	1393554	.061135	2498	153	39
40 ANESTHESIOLOGY	91584	5810732	.015761	1122887	17698	40
41 RADIOLOGY-DIAGNOSTIC	273653	12120859	.022577	1681059	37953	41
41.10 C.T.SCAN	257792	21994265	.011721	2410249	28251	41.10
41.20 M.R.I.	386408	9876871	.039123	410808	16072	41.20
43 RADIOISOTOPE	26926	4561303	.005903	218736	1291	43
44 LABORATORY	226344	36145892	.006262	8348099	52276	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	19780	1544061	.012810	728890	9337	47
49 RESPIRATORY THERAPY	87459	9314983	.009389	5758032	54062	49
49.10 CARDIAC STRESS LAB	54310	3854613	.014090	856307	12065	49.10
49.20 CARDIO PULMONARY REHAB	8277	487428	.016981	163	3	49.20
50 PHYSICAL THERAPY	132795	3999514	.033203	793086	26333	50
51 OCCUPATIONAL THERAPY	34602	1150271	.030082	408395	12285	51
52 SPEECH PATHOLOGY	30612	486884	.062873	189401	11908	52
53 ELECTROCARDIOLOGY	26954	1501512	.017951	526280	9447	53
53.10 CARDIAC CATHETERIZATION	198561	2159853	.091933	548041	50383	53.10
54 ELECTROENCEPHALOGRAPHY	39259	1431584	.027423	4293	118	54
56 DRUGS CHARGED TO PATIENTS	184099	23504179	.007833	8743906	68491	56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	301349	13928885	.021635	1812553	39215	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	47636	1052651	.045253			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	3214129	187771953		40127920	573078	101

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
 PERIOD FROM 10/01/2009 TO 09/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM

VERSION: 2009.08
 02/23/2010

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	657331		657331	18270	35.98	10010	360160 25
26 INTENSIVE CARE UNIT	109619		109619	2092	52.40	1337	70059 26
101 TOTAL	766950		766950			11347	430219 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	430219
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	573078
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	1003297
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)	2311
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)	11347
PER DISCHARGE CAPITAL COSTS	434.14
PER DIEM CAPITAL COSTS	88.42

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST
EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST
AND MEDICAL EDUCATION COST. 16170366
(WORKSHEET D-1 PART II LINE 53)
2. HOSPITAL PART A TITLE XVIII CHARGES 50925912
(SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES
ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2) .319

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS 1003297
(WKST D PART I LINES 25-30, COLS 10 & 12 +
WKST D PART II, LINE 101, COLS 6 & 8)
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2) .020

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST 6612333
EXCLUDING SERVICES NOT SUBJECT TO OPPS.
(WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01,
4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01
LESS LINES 45, 50 - 52, 57, 64, 65 &
SUBSCRIPTS, & 66)
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES 26427342
EXCLUDING SERVICES NOT SUBJECT TO OPPS.
(WKST D, PART V, LINE 104, COLUMNS 2, 2.01,
3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04
LESS LINES 45, 50 - 52, 57, 64, 65 &
SUBSCRIPTS, & 66)
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2) .250

ECR TO COMPU-MAX FILE CONVERSION UTILITY
TRANSMITTAL #20 - CMS-2552-96

ELECTRONIC FILE NAME: C:\255296\CMTEMP\EC140064.09A

COMPU-MAX FILE NAME: C:\255296\CMTEMP\CRECTEME

PROVIDER NUMBER: 14-0064

SOFTWARE VENDOR: Q01
KFMG LLE - COMPU-MAX MICRO - DATE APPROVED: 06/28/07

CREATION DATE: 2/23/2010

CREATION TIME: 14:40

PROVIDER NAME: ST. MARY MEDICAL CENTER

FISCAL YEAR BEGINNING: 10/01/2008

FISCAL YEAR ENDING: 09/30/2009

ECR FINGERPRINT:

REMARKS:

 ELECTRONIC REPORTING FILE VALIDATION AND EDIT REPORT

CMS REQUIRED EDITS ARE APPLIED AT TWO LEVELS:

LEVEL I EDITS ARE THOSE WHICH TEST THE FORMAT OF THE DATA TO IDENTIFY
 FOR CORRECTION THOSE ERROR CONDITIONS WHICH MAY RESULT IN A
 COST REPORT REJECTION. INTERMEDIARIES MAY REJECT ALL ELECTRONIC
 COST REPORTING FILES WHICH CONTAIN ONE OR MORE LEVEL I EDIT ERRORS.
 LEVEL I EDITS ARE IDENTIFIED WITH NUMBERS BETWEEN 1000 AND 1999.
 LEVEL II EDITS IDENTIFY POTENTIAL INCONSISTENCIES AND/OR MISSING DATA ITEMS.
 THESE ITEMS SHOULD BE RESOLVED AT THE PROVIDER SITE AND APPROPRIATE
 WORKSHEETS AND/OR DATA SUBMITTED WITH THE COST REPORT. FAILURE TO
 SUBMIT THE APPROPRIATE DATA WITH YOUR COST REPORT MAY RESULT IN
 PAYMENTS BEING WITHHELD PENDING RESOLUTION OF THE ISSUE(S).
 LEVEL II EDITS ARE IDENTIFIED WITH NUMBERS BETWEEN 2000 AND 2999.

WORKSHEET A COST CENTER LIST: (THE ASTERISK INDICATES THAT THERE IS
 NO DIRECT INPUT DATA ASSOCIATED WITH
 THE COST CENTER)

CMS
 EDIT NO.

1	OLD CAP REL COSTS-BLDG & FIXT	0100	**
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	**
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	**
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	**
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	**
21	NURSING SCHOOL	2100	**
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	**
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	**
24	PARAMED ED PRGM-(SPECIFY)	2400	**
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
4110	C.T.SCAN	3230	
4120	M.R.I.	3430	
43	RADIOISOTOPE	4300	

 ELECTRONIC REPORTING FILE VALIDATION AND EDIT REPORT (CONTINUED)

CMS
 EDIT NO.

44	LABORATORY	4400	
4630	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	**
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
4910	CARDIAC STRESS LAB	3620	
4920	CARDIO PULMONARY REHAB	3160	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
5310	CARDIAC CATHETERIZATION	5301	
54	ELECTROENCEPHALOGRAPHY	5400	
56	DRUGS CHARGED TO PATIENTS	5600	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
6350	RHC	6310	**
6360	FQHC	6320	**
6910	CMHC	6910	**
6920	OPT	6920	**
6930	CMHC	6930	**
6940	OPT	6940	**
71	HOME HEALTH AGENCY	7100	**
85 1	PANCREAS ACQUISITION	8510	**
85 2	INTESTINAL ACQUISITION	8520	**
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	PRIVATE HOME CARE	7950	**
100 1	NON-PATIENT DIETARY	7958	
10010	AMBULANCE SERVICE	7951	
10030	FUND DEVELOPMENT	7952	
10040	DEV & PUBLIC RELATIONS	7953	
10050	OCCUPATIONAL MED CLINIC	7954	
10060	FOUNDATION	7955	
10070	SHARED SALARIES	7956	**
10080	FITNESS CENTER	7957	

PROVIDER NO. 14-0064 ST. MARY MEDICAL CENTER
PERIOD FROM 10/01/2008 TO 09/30/2009

RUN DATE: 02/23/2010

ELECTRONIC REPORTING FILE VALIDATION AND EDIT REPORT (CONTINUED)

CMS
EDIT NO.

WORKSHEET E-1 - INTERIM PAYMENT SUMMARY

		PART A	PART B	TOTAL
1	HOSPITAL	19083955	4150906	23236861
2	SUBPROVIDER I			
3	SWING-BED SNF			
4	SKILLED NURSING FAC			
5	HOME HEALTH AGENCY I			
6	CORP			
	TOTAL	19083955	4150906	23236861